

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 JUL 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93000050207

1. Corporation Name

MANUMIT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5235 Satel Drive

3. New Mailing Office Address, If Applicable

5235 Satel Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 12, 1993

5. FEI Number

58-2065448

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Gaspere Campo	5235 Satel Drive	Orlando, FL 32810
V	Dominic Campo	5235 Satel Drive	Orlando, FL 32810
V/S	Anthony Hayes	5235 Satel Drive	Orlando, FL 32810
V	Michael A. Fish	5235 Satel Drive	Orlando, FL 32810
V	Earl Blankenship	5235 Satel Drive	Orlando, FL 32810

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Kerry Bazinet

Street Address (P.O. Box Number is Not Acceptable)

5235 Satel Drive

Suite, Apt. #, Etc.

700002239457-4

07/16/97-01059-005

***1245.00 ***1245.00

City

Orlando

State

FL

Zip Code

32810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

700002239457-4

07/16/97-01059-005

*****8.75 *****8.75

(See other side for information
on intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anthony Hayes, Secretary

7-11-97

(407) 298-9299

Date

Daytime Phone #

CR2E040 (12/96)