

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 370269

1. Entity Name
MANN DEVELOPMENT CORPORATION



Principal Place of Business
1400 N.E. 55TH STREET
FT. LAUDERDALE, FL 33334-6135

Mailing Address
1400 N.E. 55TH STREET
FT. LAUDERDALE, FL 33334-6135

2. Principal Place of Business

5000 N. Ocean Blvd

3. Mailing Address

5000 N. Ocean Blvd.

Suite, Apt. #, etc.

1607

Suite, Apt. #, etc.

1607

City & State

Lauderdale by the Sea, FL

City & State

Lauderdale by the Sea, FL

Zip

33308

Country

USA

Zip

33308

Country

USA



REINSTATEMENT 05-06

4. FEI Number

59-1320375

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, DOROTHY V.
1400 N.E. 55TH STREET
FT. LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name
John Mann, Jr.

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

5000 N. Ocean Blvd

Suite 1607

City
Lauderdale by the Sea

FL

Zip Code

33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

954-545-9974

Date

Daytime Phone #