
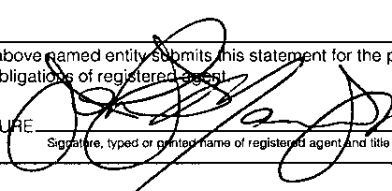
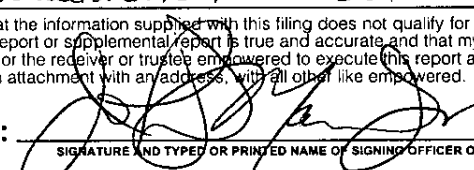


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 370269</b> 1. Entity Name <b>MANN DEVELOPMENT CORPORATION</b>		
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 <b>5000 N. Ocean Blvd</b>	3. Mailing Address <b>5000 N. Ocean Blvd.</b>	
Suite, Apt. #, etc. <b># 1607</b>	Suite, Apt. #, etc. <b>#1607</b>	
City & State <b>Lauderdale by the Sea, FL</b>	City & State <b>Lauderdale by the Sea, FL</b>	4. FEI Number <b>59-1320375</b>
Zip <b>33308</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>DIAMOND, DOROTHY V.</b> 1400 N.E. 55TH STREET FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name <b>John Mann, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5000 N. Ocean Blvd</b> <b>St. 1607</b> City <b>Lauderdale by the Sea</b> <b>FL</b> Zip Code <b>33308</b>
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>1/11/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>1/11/06</b> Daytime Phone #: <b>954-545-9974</b>

FILED  
06 JAN 18 AM 11:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06  
01102006 REIN-P 0R2ED98 (1/1/06)