

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852971

1. Corporation Name

Mandops, Inc.

2. Principal Office Address - No P.O. Box #

4600 Military Trail

Suite, Apt. #, etc.

Suite 215

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

3. Mailing Office Address

4600 Military Trail

Suite, Apt. #, etc.

Suite 215

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Glenn G. Schanel, CPA

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

4600 Military Trail

Suite, Apt. #, Etc.

Suite 215

City

Jupiter

State

FL

Zip Code

33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Glenn G. Schanel

REGISTERED AGENT MUST SIGN

Date

1/4/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Peter Harding	36 Leigh Rd.	Eastleigh, England
S	Glenn Schanel	4600 Military Trail, Suite 215	Jupiter, FL 33458

10. 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 contained in Chapter 119, 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:

Glenn G. Schanel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/08

Daytime Phone #

FILED
08 DEC 11 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300138954923
12/11/08--01020--009 **1350.00

REINSTATEMENT 00-08

4. Date Incorporated or Qualified
To Do Business in Florida 05/25/1982

5. FEI Number
59-2156668

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.