

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000004712

1. Entity Name
MANTA INDUSTRIAL, INC.



FILED

06 JAN 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DS-de

Principal Place of Business
5233 HOHMAN AVENUE
HAMMOND, IN 46320

Mailing Address
5233 HOHMAN AVENUE
HAMMOND, IN 46320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

REIN-P

CR2E098 (11/05)

4. FEI Number
20-0006209

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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

Carla Lohi
Asst. Vice President

1-12-06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

500064507095
01/25/06--01030--001 **\$908.75

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MANTA, LEO	
STREET ADDRESS	5233 HOHMAN AVENUE	
CITY-ST-ZIP	HAMMOND, IN 46320	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DELANGE, AL	
STREET ADDRESS	5233 HOHMAN AVENUE	
CITY-ST-ZIP	HAMMOND, IN 46320	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JEZIORNY, JIM	
STREET ADDRESS	5233 HOHMAN AVENUE	
CITY-ST-ZIP	HAMMOND, IN 46320	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JELLINEK, JOHN	
STREET ADDRESS	414 N. ORLEANS	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	KATZ, HOWARD	
STREET ADDRESS	414 N. ORLEANS	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Manta	
STREET ADDRESS	5233 Hohman Ave	
CITY-ST-ZIP	Hammond, IN 46320	
TITLE	Assistant S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rich Bartell	
STREET ADDRESS	5233 Hohman Ave	
CITY-ST-ZIP	Hammond, IN 46320	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Rich Bartell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rich Bartell Assistant Secretary

1/5/06

Date

Daytime Phone #