

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

<b>2001 CORPORATION REINSTATEMENT</b> <b>UBR</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F 97 000000435</b>			
<b>1. Corporation Name</b> <b>MANNING ENTERPRISES, INC. OF NEW MEXICO</b>			
<b>2. Principal Office Address</b> <b>2079 N W 111 LOOP</b> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <b>2079 N W 111 LOOP</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>OCALA, FL</b>		<b>City &amp; State</b> <b>OCALA, FL</b>	
<b>Zip</b> <b>34475</b>	<b>Country</b> <b>USA</b>	<b>Zip</b> <b>34475</b>	<b>Country</b> <b>USA</b>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>11/27/97</b>		<b>5. FEI Number</b> <b>85-041-7798</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <b>JACK MANNING</b>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>2079 N.W. 111 LOOP</b>			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> <b>OCALA</b>		<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>34475</b>
<b>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.</b>			
<b>Signature of Registered Agent</b> <b>Jack Manning</b>		<b>Date</b> <b>11/7/01</b>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P/T/D</b>	<b>JACK MANNING</b>	<b>2079 N.W. 111 LOOP</b>	<b>OCALA, FL. 34475</b>
<b>V/S/D</b>	<b>NANCY MANNING</b>	<b>2079 N.W. 111 LOOP</b>	<b>OCALA, FL. 34475</b>
			<b>400004716654--7</b>
			<b>-12/10/01--01084--021</b>
			<b>***150.00 ***150.00</b>
<b>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 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.</b>			
<b>SIGNATURE:</b> <b>Jack Manning</b>		<b>JACK MANNING</b>	<b>11/7/01</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b> <b>352 351 5805</b>

CR2E081 (9/00)

MANNING ENTERPRISES, INC.  
OF NEW MEXICO  
2079 NW 111 Loop 2062  
OCALA, FL 34475  
NOVEMBER 7, 2001

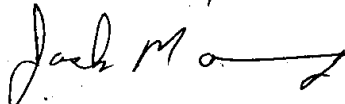
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FL 32399

TO WHOM IT MAY CONCERN

PLEASE WAIVE THE LATE FEE FOR THIS REINSTATEMENT.  
I DID NOT RECEIVE THE REPORT PACKAGE AT MY NEW ADDRESS  
AND IT WAS NOT FORWARDED TO ME. ALSO, I THOUGHT MY  
ACCOUNTANT HAD FILED THE REPORT BUT IT TURNED OUT  
TO BE FOR ANOTHER STATE. PLEASE CHANGE THE MAILING  
ADDRESS TO THE ABOVE ADDRESS FOR YOUR RECORDS AND  
FOR FICTITIOUS NAME RENEWAL NOTICE.

PLEASE ACCEPT MY APOLOGY FOR THE OVERSIGHT AND  
THANK YOU FOR YOUR HELP IN THIS MATTER.

SINCERELY



JACK MANNING  
PRESIDENT/DIRECTOR  
MANNING ENTERPRISES, INC. OF NEW MEXICO