

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 10 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000555

1. Corporation Name

ManCan, Inc.

2. Principal Office Address

12995 S. Cleveland Ave.

3. Mailing Office Address

48 First Street N.E.

Suite, Apt. #, etc.

Suite 152

Suite, Apt. #, etc.

City & State

Fort Myers, FL.

City & State

Massillon, OH

Zip

33907

Country

Lee

Zip

44646

Country

Stark

**4. Date Incorporated or Qualified
To Do Business in Florida 1/30/1998**

5. FEI Number
34-1197864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-09

7. Name and Address of Current Registered Agent

Name

Mason, Deborah

Street Address (P.O. Box Number is Not Acceptable)
12995 S. Cleveland Ave.

Suite, Apt. #, Etc.
Suite 152

City

Fort Myers

State

FL

Zip Code

33907

200030238252

03/10/04--01053--024 **1350.00

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

Deborah Mason

Date 3/4/2004

REGISTERED AGENT MUST SIGN

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
CPT	Mason, Jonathan	48 First Street NE	Massillon, OH 44646
VCVS	Mason, Bonnie	48 First Street NE	Massillon, OH 44646
D	Mason, Deborah	48 First Street NE	Massillon, OH 44646
D	Mason, Ryan	48 First Street NE	Massillon, OH 44646

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.

SIGNATURE:

Deborah Mason (239) 434-5226 3/4/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)