PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 AM 11: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J25145**

1. Corporation Name

MANCINI BUILDERS, INC.

Principal Place of Business	Mailing Address
1700 E LAS OLAS BLVD STE 206 FT. LAUDERDALE FL 33301 US	1700 E LAS OLAS BLVD STE 206 FT. LAUDERDALE FL 33301 US

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida 07/21/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2692565 Applied **SP** / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MANCINI, JOHN A.	2617 ALAMANDA CT	FT LAUDERDALE FL
			5000030506655---9 -11/22/99--01029--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MANCINI, JOHN A. 1700 E LAS OLAS BLVD STE 206 FT. LAUDERDALE FL 33301	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, Etc.
	City	State **FL**	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X _____ REGISTERED AGENT MUST SIGN   Date 11/4/99

11. 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: X _____   11/4/99   (954) 763-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2EM40 (8/99)

0049037 AF