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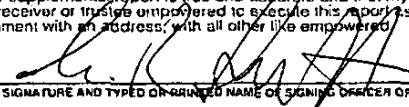
EVER

T. Roberts JUN 03 2005

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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 MAY 26 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J58500			
1. Entity Name MANTA SYSTEMS CORPORATION			
Principal Place of Business 627 SOUTHARD STREET KEY WEST, FL 33040		Mailing Address 627 SOUTHARD STREET KEY WEST, FL 33040	
2. Principal Place of Business 1800 S.E. 10 TH AVE SUITE 215		3. Mailing Address PO Box 430186	
City & State FORT LAUDERDALE FL		City & State BIG PINE KEY, FL	
Zip 33316		Zip 33043	
Country MONROE		Country MONROE	
6. Name and Address of Current Registered Agent SACKETT, ALFRED R. 627 SOUTHARD STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name SACKETT, ALFRED R. Street Address (P.O. Box Number is Not Acceptable) 1118 FERN AVE City BIG PINE KEY FL Zip Code 33043	
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 		DATE 5/23/05	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SACKETT, ALFRED R. 627 SOUTHARD STREET KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500055369385 05/26/05--01036--002 **\$300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BREININGER, HARRY 627 SOUTHARD STREET KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SACKETT, DORINE G 627 SOUTHARD STREET KEY WEST, FL 33040 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREA ROBERT D BOSIC 1118 FERN AVE BIG PINE KEY FL 33043 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 5/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	