

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 16920

1. Corporation Name

Mannakech Inc

2. Principal Office Address - No P.O. Box #

720 Wesley Ave

Suite, Apt. #, etc.

#10

City & State

Tarpon Springs FL

Zip

34689

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900215581779
12/28/11--01027--005 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/89

5. FEI Number

65-0162797

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shirley Coppenman

Street Address (P.O. Box Number is Not Acceptable)

720 Wesley Ave

Suite, Apt. #, Etc.

#10

City

Tarpon Springs

State

FL

Zip Code

34689

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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

[Signature]

Date

12/22/11

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
PSD	Shirley Coppenman	720 Wesley Ave #10	Tarpon Springs FL 34689
V	Steen Sigmund	720 Wesley Ave #10	Tarpon Springs FL 34689

10. E-mail Address:

print@mannak.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Shirley Coppenman

12/22/11

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR