## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State Q JAN -2 AM 8: 20 REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** 1. Corporation Name MANOS, INC. Principal Place of Business Mailing Address C/O RAYMOND J. CASCELLA C/O RAYMOND J. CASCELLA 515 NEWFOUND HARBOR DR. 515 NEWFOUND HARBOR DR. MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 90290 027 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 02/02/1990 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0194106 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip **PST** CASCELLA, RAYMOND J. 680 GEORGE KING BLVD PT CANAVERAL FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CASCELLA, RAYMOND J. Street Address (P.O. Box Number is Not Acceptable) 680 GEORGE KING BLVD PT CANAVERAL FL 32920 Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered REGISTERED AGENT MUST SIGN

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 filling 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 oat

## 2001 UNIFORM BUSINESS REPORT (UBR)

REJECTED
06-27-2001 90290 027 \*\*\* 150.00

MANDS, INC.  Percipal Place of Business CO RAYMOND J. OSSCELLA US BERNATURE 2. Principal Place of Business Dulle, Apr. R. etc.  Coy & State Coy & Stat	DOCUI		# L48544							L40344	
GO, RAYMOND J. CASCELLA SIS NEWFOUND HARBOR DR HERRIT ISLAND R. 12862  2. Principal Prace of Business  Suite, Apr. 8. ofc.    Duths. Ant.	-						/				
GO, RAYMOND J. CASCELLA SIS NEWFOUND HARBOR DR HERRIT ISLAND R. 12862  2. Principal Prace of Business  Suite, Apr. 8. ofc.    Duths. Ant.											
Sist NewFOLDIN MARSOR DR.  Sist NewFoldin Marson  Cory & State  Country  Sist NewFoldin Marson  Country  Sist New Foldin Marson  Country  Sist New F	Principal Plac	e of Busines	5	Mailing Address							
2. Principal Pace of Business  Suite, April 4 etc.	515 NEWFOUND	d harbor d		515 NEWFOUND HARBOR DR.							
Sufe, Apt. 4, etc.    Coy & State	MEHRITI ISLAN	BU F1. 32302		MERINITI (SEMINO PE SESSA	•			# 130 FIRM THE \$1000 AT LAND THE TITLE	AFAL AFALL ALI	TIL BLEIL BLEIL SIT	
Coy & State  Country  E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Nome  CASCELLA RAYMOND J.  Solid Concert Mickers (P.O. Box Number is Not Address of New Registered Agent  Nome  CASCELLA RAYMOND J.  Solid Concert Address (P.O. Box Number is Not Address of New Registered Agent  Nome  Chiry FL Zo Code  City FL Zo Cod	2. Principal P	lace of Busin	10083	3. Mailing Address		-					
Country   Zip   Country   Zip   Country   S. Cartification of Status Desired   Status Des	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Nome  ASCELLA, RAYMOND J. 680 GEORGE KING BLVD PT CANAVERAL R. 32920  6. The above named entity exprints this abborners for the purpose of changing its registered office or registered agent, or both, in the State of Rorida.  SIGNATUPE  Signers Address (IT-07 Box Names is Not Acceptable)  6. The above named entity exprints this abborners for the purpose of changing its registered office or registered agent, or both, in the State of Rorida.  SIGNATUPE  Signars Address (IT-07 Box Names is Not Acceptable)  6. The above named entity exprints this abborners for the purpose of changing its registered office or registered agent, or both, in the State of Rorida.  SIGNATUPE  Signars Address (IT-07 Box Names is Not Acceptable)  6. The acceptable to satisfy its Intrapolite Tax Ring requirements and elected to do so (See circaria on back)  After MAY 1, 2001 Fee will be 555.0.0  Make Check Payable to Department of State  12. ADDITIONS/GHANGES TO OPPICERS AND EMECTORS IN 11  THE  OBME  STREE ADMRESS  OTY-51-72  PT CANAVERAL FL  Oblide  THE  Oblide  THE  NAME  SIRTE ADMRESS  OTY-51-72  THE  NAME  SIR	City & State			City & State			0370134100				
CASCELLA, RAYMOND J 680 GEORGE KING BLVD PT CANAVERAL FL 32920  6. 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.  SIGNATUPE   Charge   PTLE NOWING	Zip	Zip Country				ıtry					
CASCELLA, RAYMOND J 680 GEORGE KING BLVD PT CANAVERAL FL 29200  City FL Zip Code  8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Rioids.  SIGNATURE  Grown, upon or present of registered agent and the applicable per and the city is intengible per and the applicable per and the city is intengible per and the applicable per and		6. Name	and Address of Current 1	Registered Agent		N	7. Na	ame and Address of New F	legistered	Agent	
Eith above named entity submits this statement for the purpose of changing its registered agent, or coth, in the State of Floridae.  SIGNATURE  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so   After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be				يدافض الاناء بالأراء	د تصریب	.•	(P,O.:Bo	x Number is Not Acceptable	o)	· · · · · · · · · · · · · · · · · · ·	· .
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida.  SIGNATURE:  Signature, upone or primarinare and elected spens and staff approaches.  BIOTE Registered eigent, or both, in the State of Florida.  BIOTE Registered eigent, or both, in the State of Florida.  BIOTE Registered eigent, or both, in the State of Florida.  SIGNATURE:  9. This corporation is eligible to satisfy its Intrangible Tax liting requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00								-27			
SIGNATURE  9. This corporation is eighted to batisfy its intangible Tax Bing requirement and elects to do so all the second of t						City			FI	Zip Code	9
9. This corporation is eligible to selicity its intangible   Addition   After MAY 1, 2001 Fee will be \$550.00   After MAY 1, 2001 Fee will be \$550.00   Trust Flund Contribution.   \$5.00 May Be Addition   Addition   Addition   State   Stat	8. The above	named entit	y submits this statement for	the purpose of changing it	s register	ed office or registe	red age	nt, or both, in the State of Fi	orida.		_
Tax ling requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 May be (Size critaria on pack)   Make Check Payable to Department of State   Make Check Payable to Department of Stat	SIGNATURÉ .	Signature, typec	or printed name of registered agent a	ind title if applicable. (NO	TE: Registers	d Agent signature require	d when rein	ustacting)	DATE		
Tax ling requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 May be (Size critaria on pack)   Make Check Payable to Department of State   Make Check Payable to Department of Stat	9 This coroc	ration is elic	ible to estiety its Intannible	FILE NOW	111 FEE	IS \$150.00					
TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing r	requirement	and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.00	ate			<b>\$5.0</b> Added	May Be to Fees
TITLE NAME NAME CASCELLA, RAYMOND J. STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	11.		OFFICERS AND	l		•		OITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS	5 IN 11
MAME SIRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME SIRET ADDRESS SI	TITLE					II.				☐ Change	Addition
MAME SIRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME SIRET ADDRESS SI						-					
MAME SIRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME SIRET ADDRESS SI						1					
SIRET ADDRESS CITY-ST-ZP  TITLE Delete TITLE MAME SIRET ADDRESS CITY-ST-ZP  TITLE MAME NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZP  TITLE MAME NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZP  TITLE MAME NAME SIRET ADDRESS SIRET				☐ Celete						☐ Change	Addition
CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM											
NAME SIRET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP T					CITY	'-S1-Z#P					
STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME STREET ADDRESS CITY-ST-ZIP MAME MAME MAME MAME MAME MAME MAME MAM		ļ		☐ Delete				•		☐ Change	Addition
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  DOLETE  CITY-ST-ZIP  TITLE  DOLETE  TITLE  DELETE  DOLETE  TITLE  DOLETE  Addition	STREET ADDRESS		مستسبهم ياديني	-	STRE	EET ADDFESS		•			أوراء يدحموا
STREET ADDRESS  CITY-ST-ZIP  TITLE  T				☐ Deleta	_					☐ Change	Addition
CITY-ST-ZIP  TITLE    Delete   TITLE   NAME	1			. <b></b>		1			**		
NAME STREET ADDRESS CITY-ST-ZIP  ITILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE Obelete TITLE OCHARGE STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not quality for the examption 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 account has report 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 goester of trustee empowered in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address with all bline like physowered.  SIGNATURE:  41.34.34.34.34.34.34.34.34.34.34.34.34.34.	· · · · · · · · · · · · · · · · · · ·							<u></u>			
STREET ADDRESS CITY-ST-ZIP  ITILE    Delete   TITLE   MAME	2			☐ Delete						Charge	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and account his report as required by Chapter 607, Florida Statutes; and that ram an officer or director of the corporation or the occupation or the occupation or the occupation of the occupa		-			STRE	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the occavity of the examption as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address with all other like physowered.  SIGNATURE:				·	_			<del></del> .			
STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 occessor or rustee empowered of exacuty this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address with all other like phipowered.  SIGNATURE:				☐ Delete				-		☐ Change	
13. I hereby certify that the information supplied with this filling does not quality 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 accuracy and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corpovation or the receiver contrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address with all other like pripowered.  SIGNATURE:	STREET ADDRESS										i
SIGNATURE: ( 1/30/2001 8680151		l						····			
SIGNATURE: ( \$100) \$680151	13. I hereby of indicated of the corchanged,	certify that the on this reportion or to or on an att	e information supplied with it or supplemental report is he receiver outrustee empo echinent with an address	this filing does not quality to true and accurate and that wered to execute this repor vith all other like propowered	x the exe my signal t as requi	mption stated in Se ture shall have the ired by Chapter 60	action 1: same le 7, Florida	19.07(3)(i), Florida Statutes. gal effect as if made under a Statutes; and that my nam	I further ce oath; that I e appears	rtify that the in am an officer in Block 11 or	nformation or director r Block 12 if
		/	Smark	+ Cala				1 /			

365

November 23,2001

Stacy Prather
Document Specialist
F1. Dept State
Division of Reinstatement
P.O. Box 6327
Tallahassee, F1 32314-6327
1 850 245 6059

Re Manos Inc. L48544

Dear Ms. Stacy Prather:

Enclosed is the application for reinstatement. Also is a copy of your November 1,2001 letter and attachments.

The commence of the commence of the state of the state of the commence of the commence of the state of the state of the commence of the commen

Thank you,

Manos Inc.

Raymond Cascella

4 of 5

October 19,2001

Florida Department of State Division Reinstatment P.O. Box 6327 Tallahassee,Fl32314-6327 1 850-245 6059

RE Manos, Inc L48544

Dear Sirs:

I was just notified thatthe corporation was dissolved for not filing its 2001 annual report. There is a mistake because I filed the report. Enclosed is a business check(copy) from Seaport Restaurant. Since the check does not say Manos, Inc. it was obviously cashed but not credited to Manos Inc. Please reinstate the corporation ASP.

.

---Sincerely,

Raymond J. Cascella

P+C: Dear Barbara I did not reciwe the letter in June stating my ck was late, Second notice I recieved + sent copy of ck Cashed, Enclosed is ele Copy + as our telephone conversation it was correct as per date of ck shows. Please rimetate conforation as per phone conversation

MANOS COMP

Marke A Fr. \$ 150条 SEAPONT RESTAURANT

OR GEORGE RING BLVG

FORT CANAMERAL, RUNDON 35009 0395 : GOE 70 13 564 12 5.