

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -2 AM 8:20

DOCUMENT # L48544

1. Corporation Name

MANOS, INC.

Principal Place of Business

Mailing Address

C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952

C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952

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

02/02/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0194106

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

CASCELLA, RAYMOND J.
680 GEORGE KING BLVD
PT CANAVERAL FL 32920

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 11/23/2001

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:

RAYMOND J CASCELLA

11/23/2001

321-7841828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

REJECTED
06-27-2001 90290 027 ***150.00
L48544

2055

DOCUMENT # L48544

1. Entity Name
MANOS, INC.

Principal Place of Business
C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952

Mailing Address
C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0194106

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASCELLA, RAYMOND J.
680 GEORGE KING BLVD
PT CANAVERAL FL 32920

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASCELLA, RAYMOND J. 680 GEORGE KING BLVD PT CANAVERAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

8680151

Daytime Phone #

3055

November 23, 2001

Stacy Prather
Document Specialist
Fl. Dept State
Division of Reinstatement
P.O. Box 6327
Tallahassee, Fl 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.

Thank you,

Manos Inc.

BY: PRES

Raymond Cascella

4 of 5

October 19, 2001

Florida Department of State
Division Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327
1 850-245 6059

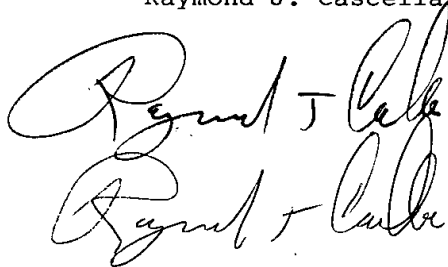
RE Manos, Inc L48544

Dear Sirs:

I was just notified that the 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



DEC 27 2001

P+C: Dear Barbara I did not receive the letter in June stating my ck was late. Second notice I received + sent copy of ck cashed. Enclosed is ck copy + as our telephone conversation it was correct as per date of ck shows. Please reinstate corporation as per phone conversation.

MANOS CORP
RAYMOND J. CASCILLA

SEAPORT RESTAURANT
880 GEORGE KING BLVD
FORT CAMMERAL FL 38800 35009 0385 0727

772674 4509

DATE 07/29/85

PAY TO THE
ORDER OF

James O. Thompson
James O. Thompson

\$ 150.54

DOLLARS & CENTS

WACHSMA
Wachsmuth, Inc., Inc.
One Commercial Pl. 33304

[Signature]

FOR DEPOSIT ONLY 13.490.07K 4509 4666610000150000

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