PLEASE READ	ALL INSTRUCTIO	NS BEFORE	COMPLETING THIS FORM	Л	
APPLICATION APPLICATION	FLORIDA DEPART	MENT OF STATE	E	·	
際にデージ	Sandra P. Mortham				
V3000454.254.254.4	FOR Secretary of State			FILED	
REINSTATEMENT DIVISION OF CORPORATIONS			i the Later		
DOCUMENT # L69253			98 DEC 17 PM 3: 46		
1. Corporation Name			COOPTADY OF STATE		
MANHATTAN DEVELOPMENT, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address				
4050 Joe's Point Road					
Stuart, FL 34996		RE	INSTATEMENT		
				98	
If above addresses are incorrect in any way, line the			DO NOT WRITE IN THIS	SPACE	
New Principal Office Address, If Applicable	New Principal Office Address, If Applicable 3. New Mailing Address, If Application 3. New Mailing Address, If Application 3.		Date Incorporated or Qualified To Do Business in Florida 0 4 / 27 / 9 0	$\alpha \omega$	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number		
City & State	City & State			Applied For	
City & State	City & State		65-0190976	Not Applicable	
Zip Country	Zip Co	ountry	CERTIFICATE OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
				Total destination of Status	
7. Names and Street Addresses of Each Officer and Name of Officers	/or Director (Florida nonprofit co	Street Address of Eac			
Title(s) and/or Directors		Officer and/or Directo	or City / 5	State / Zip	
PD PATRICIA K. BENN		NE Joe's P	oint Rd. Stuart, F	1. 34996	
			K	· · · · · · · · · · · · · · · · · · ·	
			000002720 -12/23/98(11005001	
				****758.50	
2					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name TATE T. T.			M R. PONSOLDT, JR.		
4050 NE Joe's Point Road Street Address Stuart, FL 34996			Federar hrgnway)		
Stuart, FL 34996		Suite, Apt. #, Etc	5.		
. / 2 / /			Ctox	n Tie Codo	
		City Stuar	t . Stat	e ZigGg994	
10. I, being appointed the registered agent of the abo	named corporation, am famili	iar with and accept the o	obligations of Section 607.0505, F.S.		
	' // _		-		
Signature of Registered Agent Date 12/15/98					
C / RE	EGIST RED AGENT MUST SIGI	N	-		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)					
Dept. of Revenue under S.	199.032, Florida Si	tatutes. Yes	On inta	angible tax.)	
12. I do hereby certify that the information supplied w	with this filling is voluntarily furnish	hed and does not qualify n 119.07(3)(k) in the evi	y for the exemption stated in Section 119.07(3 ent that the information supplied is deemed ex	(k), Florida Statutes, I re-	
12. I do hereby certify that the Information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made					
fees awed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made					

12/15/98