

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 17 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48609**

1 Corporation Name

MANDY INVESTMENT CORP.

Principal Place of Business

2171 SW 24 TERRACE
MIAMI FL 33145

Mailing Address

2171 SW 24 TERRACE
MIAMI FL 33145

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2795202	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VILLVERDE, MANUEL	2171 SW 24 TERRACE	MIAMI FL
VTD	VILLVERDE, PILAR	2171 SW 24TH TERRACE	MIAMI FL

600002033456-5
-12/19/96--01027--006
****375.00 ****375.00

REINSTATEMENT 9/6

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VILLVERDE, MANUEL 2171 SW 24 TERRACE MIAMI FL 33145		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

Manuel Villverde
REGISTERED AGENT MUST SIGN

Date 10/14/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14
Date

8580288
Daytime Phone #

CP2E040 (7/96)