

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003824

1. Corporation Name

Mano A Mano Inc.

W09-47220

200162034142
10/22/09--01033--004 **612.50

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

3700 Commerce Blvd

3. Mailing Office Address

3700 Commerce Blvd

REINSTATEMENT 03-09

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34741

Country

U.S.A

Zip

34741

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

6/4/2001

5. FEI Number

59-3714173

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

Angela Roth

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

3700 Commerce Blvd

Suite, Apt. #, Etc.

Suite 210

City

Kissimmee

State

FL

Zip Code

34741

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Angela Roth
REGISTERED AGENT MUST SIGN

Date 10-21-09

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
Int'l Committee Chair	Angela Roth	3700 Commerce Blvd #210 Kissimmee, FL 34741	Kissimmee, FL 34741
President	David Quinto-Pozos	University of Texas @ Austin University Station B5100	Austin, TX 78712
Treasurer	Nyda Hernandez	24 Elizabeth St.	Sayreville, NJ 08872

10. 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 contained in Chapter 119, 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:

Angela Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-09

Date

407
518 7900 x330
Daytime Phone #

RR