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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -8 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005433

1. Corporation Name

Manatee Cares Club, Inc.

2. Principal Office Address

820 31st Street East

Suite, Apt. #, etc.

3. Mailing Office Address

820 31st Street East

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

Palmetto FL

Zip

34221

Country

Manatee

Zip

34221

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1999

5. FEI Number

68-0502558

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

Elihu Wallace

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

830 31st Street East

Suite, Apt. #, Etc.

City

Palmetto

100018475491

05/08/03--01014--020 **253 75

State

FL

Zip Code

34221

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

Elihu Wallace

REGISTERED AGENT MUST SIGN

Date 04/30/03

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 |
|--------|--------------------------------------|---|--------------------|
| P | Elihu Wallace | 820 31st Street East | Palmetto FL 34221 |
| S | Tom Coyne | 385 North Port Road | Osprey FL 34230 |
| Chair | Stanley Washington | 1102 26 St. Ct. E | Palmetto FL 34221 |
| AS | Alonzo Stroney | 2611 7th Ave E | Palmetto FL 34221 |
| T | Ulysses Shepherd | 2911 9th Ave Drive E | Palmetto FL 34221 |
| VT | Dave McCarter | 1011 NW 111th Ave | Miami FL |

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 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:

Elihu Wallace
Elihu Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

(941)737-4812

Daytime Phone #

CR2E081 (10/02)

Finkelstein & White, P.A.
Attorneys, CPAs and Associates

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Please send any reply to:
Sarasota Office

April 30, 2003

Elihu Wallace
82031st Street East
Palmetto FL 34221
(941) 737-4812

Division of Corporations
Tallahassee FL

Re: Corporation Reinstatement

Attention: ~~John W. Johnson~~ BUREAU

2000

Please, give us a one time waive of the \$175.00 reinstatement charge for Manatee Cares Club, Inc. I have no record of receiving the annual notices for the filing.

(NOT FOR PROFIT)

Thank You

Elihu Wallace

Elihu Wallace

check enclosed

*4 years @ 61.25
certified status*

*245.-
8.75

253.75*