

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000011292

1. Corporation Name

MEGA MANAGERS LIMITED, INC.

04

2. Principal Office Address

1801 N.W. FIRST AVE.

3. Mailing Office Address

215 COLES STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

JERSEY CITY, NJ

Zip

33136

Country

Zip

07310

Country

FILED

06 AUG 28 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mk

700079189347

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/2000

5. FEI Number

65-0999358

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

*Elizabeth Or Konieczny*  
REGISTERED AGENT MUST SIGN

Date

8/25/06

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	Moishe Mana	16720 SENTERRA DRIVE	DELRAY BEACH, FL 33484

REINSTATEMENT 2004-2006

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:

*Moishe Mana*

Moishe Mana

8/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

P00000011292

ACCOUNT NO. : 072100000032

REFERENCE : 335628 4370848

AUTHORIZATION :

COST LIMIT : \$ 1050.00

FILED  
06 AUG 28 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 25, 2006

ORDER TIME : 12:07 PM

ORDER NO. : 335628-005

CUSTOMER NO: 4370848

BK

DOMESTIC FILINGS

NAME: MEGA MANAGERS LIMITED, INC.

RECEIVED  
06 AUG 28 PM 12:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington - Ext# 2936

EXAMINER'S INITIALS \_\_\_\_\_