

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 2:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067218

1. Corporation Name

A MANO NAPLES, INC.

2. Principal Office Address

301 13TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip
34102

Country
USA

3. Mailing Office Address

1677 WISCONSIN AVE, NW

Suite, Apt. #, etc.

City & State

WASHINGTON DC

Zip
20007

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2000

5. FEI Number

59-3666652

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

MOORE, JOHN E III

Street Address (R.D. Box Number is Not Acceptable)

5070 NORTH HIGHWAY A-1-A

Suite, Apt. & Etc.

SUITE 200

City

VERO BEACH

State

FL

Zip Code

32963

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

John E. Moore III

REGISTERED AGENT MUST SIGN

Date

10/19/06

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	MAHR, ADAM C	301 13TH AVENUE SOUTH	NAPLES FL, 34102

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:

Adam Mahr
ADAM MAHR

PRESIDENT

Date

10/15/06

Daytime Phone #

202-298-7200

A MANO

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

October 16, 2006

Dear Sir/Madam,

In applying for a bank loan, I was notified that A Mano Naples, Inc.'s status as a corporation is inactive due to a failure to file the 2005 annual report.

However, neither I nor the registered agent, John Moore, received an annual report notice in the year of the dissolution/revocation. In lieu of this, I have included the total amount due less the reinstatement fee as noted on the attached form.

Thank you and please do not hesitate to contact me.

Best regards,

Adam Mahr