

FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000067218

Corporation Name
MANO NAPLES, INC.

Principal Place of Business
31 13TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address
1677 WISCONSIN AVE. NW
WASHINGTON DC 20007

FILED
02 DEC 18 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	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 <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)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAHR, ADAM C	301 13TH AVENUE SOUTH	NAPLES FL 34102

3000009560469
12/17/02--01059--008 **750.00

8. Name and Address of Current Registered Agent

MOORE, JOHN E III
ROSSWAY, MOORE & TAYLOR
5070 NORTH HIGHWAY A-1-A SUITE 200
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent *John Moore* REGISTERED AGENT MUST SIGN Date *October 24 0*

11. 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: *Adam Mahr* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *10/26/02* Daytime Phone # *202-298-7200*