

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(H04000180766 3)

DOCUMENT # P00000077965

1. Corporation Name

MANITO'S PRODUCE CORP.

FILED

04 SEP -8 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB

2. Principal Office Address

6540 WEST 14TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33012

Country

USA

3. Mailing Office Address

6540 WEST 14TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

Zip

33012

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/17/2000

5. FEI Number

65-1046845

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

WILFREDO CASTILLO

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

6540 WEST 14TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

REINSTATEMENT 02-04

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 09/08/04

REGISTERED AGENT MUST SIGN

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
PRES	WILFREDO CASTILLO	6540 WEST 14TH AVE.	HIALEAH, FL. 33012

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)(f), 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:

 WILFREDO CASTILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

Date

(305) 229-8256

Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

MANITO'S PRODUCE CORP.

Certificate of Status	0
Certified Copy	0
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