

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 19 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051041

1. Corporation Name

A.H.C. MANA PRODUCTION CORP.

2. Principal Office Address - No P.O. Box #

2080 S. Ocean Dr.

3. Mailing Office Address

2080 S. Ocean Dr.

Suite, Apt. #, etc.

1102

Suite, Apt. #, etc.

1102

City & State

Hallandale, Fl.

City & State

Hallandale, Fl.

Zip

33009

Country

Zip

33009

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2001

5. FEI Number
65-1125376

☐ 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

Ariel Hernan Cuello

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

178-200th. Dr.

Suite, Apt. #, Etc.

605

City

Sunny Isles

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ariel H. Cuello

REGISTERED AGENT MUST SIGN

Date

10/10/09

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	Ariel H. Cuello	1849 S. Ocean Dr. # 1107	Hallandale, Fl. 33009
VP	Jessica Suetta	2080 S. Ocean Dr. # 1102	Hallandale, Fl. 33009

REINSTATEMENT

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:

Ariel H. Cuello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/09

Daytime Phone #

RH