

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD1000108964

1. Corporation Name

Manuse Inc.

2. Principal Office Address

3020 NE 32nd Ave

Suite, Apt. #, etc.

# 504

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

3020 NE 32nd Ave

Suite, Apt. #, etc.

# 504

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2001

5. FEI Number

651153618

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

CARLY A. LUBETSKY, KRINZMAN, HUSS & LUBETSKY

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

1111 Brickell Avenue

Suite, Apt. #, Etc.

Suite 2915

City

Miami, Florida 33131

State

FL

Zip Code

33131

000029300890

02/24/04--01031--015 \*\*750.00

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

*[Handwritten Signature]*

Date

2/18/04

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	Nancy Melamed	3020 NE 32nd Ave #504	Ft. Lauderdale, FL 33308
	Oren Hudson III	3020 NE 32nd Ave #504	Ft. Lauderdale, FL 33308

000029300890

02/18/04--01094--013 \*\*150.00

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)(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:

*Nancy Melamed President*

Date

2/17/04 305-742-4394

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR