

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 30 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000109399

**1. Corporation Name**

Manufacturing Careers Inc

**2. Principal Office Address**

114 SW 33rd PL

Suite, Apt. #, etc.

**3. Mailing Office Address**

114 SW 33rd PL

Suite, Apt. #, etc.

**City & State**

Cape Coral FL

**Zip**

33991

**Country**

Lee

**City & State**

Cape Coral FL

**Zip**

33991

**Country**

Lee

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593756275

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**

Michael Gerry

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

114 SW 33rd PL

Suite, Apt. #, Etc.

**City**

Cape Coral

**State**

FL

**Zip Code**

33991

**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

Michael Gerry

REGISTERED AGENT MUST SIGN

Date 3-26-04

**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
Sec	Michael Gerry	114 SW 33rd PL	Cape Coral, FL 33991
Pres	Shelley Martin	114 SW 33rd PL	Cape Coral, FL 33991

800031366628  
03/30/04--01012--009 \*\*300.00

**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:**

Michael Gerry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04

Date

239 293 3509

Daytime Phone #

CR2E081 (01/04)

Ta

As 2 72  
Please waive the reinstatement fee because we never  
received the notice. It was sent to the wrong  
address & returned to you.

Thank you  
Michael Berry