

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -5 PM 2:40

DOCUMENT # P01000114184

1. Corporation Name

MANUEL NUNEZ CONSULTING INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100011890661  
02/05/03--01088--016 \*\*300.00

Principal Place of Business

7231 SW 82ND STREET  
MIAMI FL 33143

Mailing Address

7231 SW 82ND STREET  
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/2001

5. FEI Number

04-3604204

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NUNEZ, MANUEL	7231 SW 82ND STREET	MIAMI FL 33143

8. Name and Address of Current Registered Agent

NUNEZ, MANUEL  
7231 SW 82ND STREET  
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2-8-2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2002 305-399-8955

Date

Daytime Phone #

CR2E040 (8/02)

Dear Sirs,

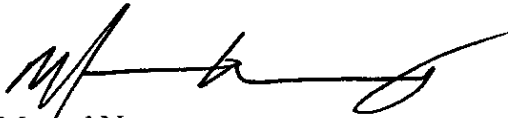
Feb. 3, 2003

I received a revocation of my Corporation in the mail several months ago.

I did not receive any UBR or other forms previous to that.

I have enclosed the application for Reinstatement and a check for 2002 and 2003.

Thank You,

A handwritten signature in black ink, appearing to read 'Manuel Nunez', with a stylized flourish at the end.

Manuel Nunez

Manuel Nunez Consulting, Inc:

305-299-8955