

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

06 APR -7 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000003968*

1. Corporation Name

MANAGEMENT, INC

900073714969

05/02/06--01035--027 **300.00

2. Principal Office Address

3611 S.W 117 Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33165

Country

Dade

Zip

33165

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

030377075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

05-06

7. Name and Address of Current Registered Agent

Name

JUANA Gonzalez

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

3611 S.W 117 Ave

Suite, Apt. #, Etc.

309

City

Miami

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date

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
<i>Pres. Treas. Secty.</i>	<i>JUANA Gonzalez</i>	<i>3611 S.W 117 Ave # 309</i>	<i>Miami, FL 33175</i>

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:

Juana Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANA Gonzalez

4-4-2006

Date

Daytime Phone #

CR2E081 (9/00)

2 of 2

April 4, 2006

Florida Department of State
Division of Corporations

To Whom It May Concern:


Re: Management, Inc

Gentlemen:

On the above referred corporation, please note that I never received any notification for the year 2005, or this 2006 year renewal,

Attached please find a money order in the amount of \$300.00 to cover for the \$150.00 each renewal of year 2005, and 2006 plus renewal form.

Very truly yours,


Juana Gonzalez
3611 SW 117th Ave. #309
Miami, Fl 33175