2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 11 PM 1:10

DOCUMENT # P02000023505

1. Entity Name
MANNA CAFE, INC.

Principal Place of Business	Mailing Address
3507 THOMASVILLE RD TALLAHASSEE, FL 32309	3507 THOMASVILLE RD TALLAHASSEE, FL 32309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07112006 REIN-P CR2E098 (11/05)

4. FEI Number 01-0613938 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGGAR, STEPHEN JR 3343 BODMIN DR TALLAHASSEE, FL 32317	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete DUGGAR, STEPHEN E JR 3343 BODMIN DR TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete DUGGAR, EVA 3457 PACES FERRY RD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900077337379 07/11/06--01033--009 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete BAILEY, GENNY 3451 CHAMBLEE RD TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #