

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000050312

1. Corporation Name

Chase Manhattan Lending

2. Principal Office Address

7501 W. Oakland Park Blvd

Suite, Apt. #, etc.

#205

City & State

Lauderhill, FL

Zip

33319

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 OCT -3 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
~~10/03/03 01068 001 **750.00~~
REINSTATEMENT 03
300023545843
10/03/03--01068--001 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 5/21/02

5. FEI Number 82-0542870 ☐ **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

Wayne Kreisberg

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

7501 W. Oakland Park Blvd

Suite, Apt. #, Etc.

#205

City

Lauderhill

State
FL

Zip Code

33319

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

Wayne Kreisberg
REGISTERED AGENT MUST SIGN

Date 9/25/03

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
<u>Pres</u>	<u>Wayne Kreisberg</u>	<u>7501 W. Oakland Park Blvd #205</u>	<u>Lauderhill, FL 33319</u>

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)(l), 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:

Wayne Kreisberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

Daytime Phone #

954-709-1486

CR2E081 (10/02)