

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000077118

1. Corporation Name

MANULA, INC.

Principal Place of Business

1227 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address

1227 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

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

07/16/2002

5. FEI Number

55-0790049

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MANSUKHANI, POONAM, V.	1227 N. ATLANTIC AVE	DAYTONA BEACH, FL 32118

400025129664
12/01/03--01083--016 **150.00

8. Name and Address of Current Registered Agent

MANSUKHANI, POONAM V.
1227 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

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

REGISTERED AGENT MUST SIGN

Date 11-25-03

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

Date

11-25-03

Daytime Phone #

(386)252-0504

FILED

03 DEC 31 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (7/03)

Manula Inc.

1227 North Atlantic Ave
Daytona Beach, FL 32118

Business: (386)-252-5888 • Office: (386)-252-0504 • Fax: (386)-252-0506

Friday, December 26, 2003

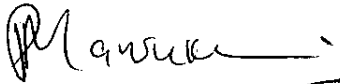
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Manula, Inc. # 55-0790049

To Whom It May Concern:

We formed a corporation in 2002 but did not receive the original 2003 Annual Report or the second mailing. I have enclosed a check for \$150.00 with the reinstatement form. Please waive the reinstatement penalty due. Future returns will be filed in a timely manner. Thank you for your assistance.

Sincerely,



Poonam Mansukhani
President