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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095168

1. Corporation Name

MOMAN II, INC.

800032513888
06/09/04--01043--028 **150.00

4/13/04 01019 017 150.00

2. Principal Office Address	**3.** Mailing Office Address
410 N. Dale Mabry	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33609 Country: U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9-29-02

5. FEI Number: 59-3006791 ☐ 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: ALFONSO, SUZETTE

800032513888
04/13/04--01019--016 **150.00

Street Address (P.O. Box Number is Not Acceptable): 309 W. MLK, JR. BLVD

Suite, Apt. #, Etc.:

REINSTATEMENT 03-04

City: TAMPA State: FL Zip Code: 33603

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.

(*) New Registered agent — Former R.A. not available

Signature of Registered Agent: _____ Date: 4-26-04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P.	MANANSINGH, Geeta	410 N. Dale Mabry Hwy	TAMPA, FL 33609
V.	MOORE, Joseph D.	410 N. Dale Mabry	TAMPA, FL 33609
(*)	NAME & ADDRESS of New Registered agent:		
	SUZETTE ALFONSO	309 WEST MLK, JR. BLVD.	
		TAMPA, FL 33603	

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: C. Geeta Manansingh 4-26-04 813-879-7784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. GEETA MANANSINGH

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MOMAN II, Inc
410 N. Dale Mabry Hwy
Tampa, FL 33609

(813) 879-7784

March 31st 2004

Divisions of Corporations
Annual Report / Reinstatement Section
P.O Box 6327
Tallahassee, Florida 32314-6327

Re: Reinstatement of Corporations

Dear Sir or Madame:

Please accept our humble apology for our failure to mail the 2003 Uniform Business Report to you in a timely manner. Honestly, we never received the form, and the attorney that formed the corporation was called back to active military duty.

Please accept the enclosed Application for re-instatement. We respectfully request that you waive the reinstatement fee and accept the enclosed $150.00 for reinstatement. We are also enclosing a completed UBR for 2004, along with payment for our 2004 filing.

We THANK You in advance for your time and courtesies. Please contact either one of us if you will not agree to waive the reinstatement fee.

Sincerely,

Geeta Manansingh

GEETA MANANSINGH
PRESIDENT

JOSEPH MOORE
VICE-PRESIDENT