

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 29 PM 3:50

DOCUMENT # **P02000117872**

1. Corporation Name

CENTO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

8241 NW 12TH STREET
PEMBROKE PINES FL 33024

8241 NW 12TH STREET
PEMBROKE PINES FL 33024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

42-1563703

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JUNGKUN Centofanti	8241 NW 12th St. Pembroke Pines, FL 33024	Pembroke Pines FL 33024

8. Name and Address of Current Registered Agent

CENTOFANTI, JUNGKUN
8241 NW 12TH STREET
PEMBROKE PINES FL 33024

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 954-704-2356
Date Daytime Phone #

Cento Management, Inc
PO2006117872
42-1563763

10/22/03

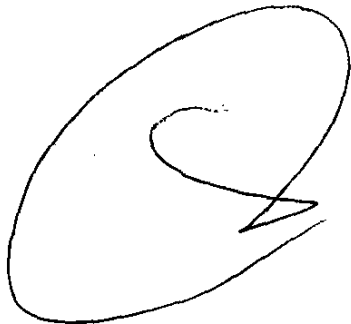
FL Dept of State:

THIS LETTER IS FOR REQUEST OF RE-INSTATEMENT.

I RESPONDED TO YOUR CORRESPONDENCE DATED
August 6th 2003 AND I COMPLETED EVERYTHING
YOU REQUESTED AND MAILED IT BACK IN A TIMELY
MANNER,

I'M NOT SURE WHY THE CORPORATION HAS BEEN
DISOLVED.

I PAID THE FEES AND RESPONDED TO ALL
CORRESPONDENCES.



Thank You
JUNKUN CENTOFRONT.