

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG -2 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03600050520

1. Corporation Name

MANIA INVESTMENTS, INC.

2. Principal Office Address

10516 Anglewest Dr

Suite, Apt. #, etc.

City & State-

Riverview FL

Zip Country

33569 US

3. Mailing Office Address

10516 Anglecrest Dr

Suite, Apt. #, etc.

City & State

Riverview

Zip Country

FL US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/2003

5. FEI Number

02-0690748

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

Jose M Maldonado

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

10516 Anglecrest Dr

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

REGISTERED AGENT MUST SIGN

Date 7/24/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Mr.    | Jose M Maldonado                     | 10516 Anglecrest Dr                               | Riverview FL 33569 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 contained in Chapter 119, 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

7/24/06

Date

Daytime Phone #

MANIA INVESTMENTS, INC


July 31, 2006

P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please waive the \$ 6000.00 penalty. I don't remember receiving the renewal card.

Sincerely,



Jose M Maldonado  
Officer