

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


102

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000123316**

1. Corporation Name
MANNY & MARCELA INCORPORATED

REINSTATEMENT 04-05

MRS

| | | | |
|--|--------------------------|---|--------------------------|
| 2. Principal Office Address 261 N.W. 16TH CT. | | 3. Mailing Office Address 261 N.W. 16TH CT | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State BOYNTON BEACH, FL. 33435 | | City & State BOYNTON BEACH, FL. 33435 | |
| Zip 33435 | Country U.S.A. | Zip 33435 | Country U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
54-2150044

| | |
|----------------|--|
| 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
MANUEL LEAL

Street Address (P.O. Box Number is Not Acceptable)
261 N.W. 16TH CT.

Suite, Apt. #, Etc.

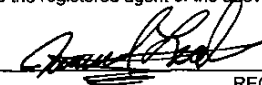
City
BOYNTON BEACH

State
FL

Zip Code
33435

400046708204
02/16/05--01050--005 **300.0

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.

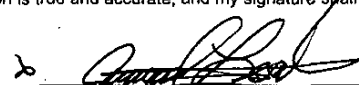
Signature of Registered Agent *  Date **01/28/05**

REGISTERED AGENT MUST SIGN

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 | MANUEL LEAL | 261 N.W. 16 TH CT. BOYNTON BEACH, FL. | BOYNTON BEACH, FL. 33435 |
| VP | MARCELA RODRIGUEZ | 261 N.W. 16 TH CT. | BOYNTON BEACH, FL 33435 |
| | | | |
| | | | |
| | | | |

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:  Date **01/28/05** (561) 732-3425

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

CR292081 (a/m/m)

2082

January 27, 2005

Re: Manny & Marcela Incorporated
P03000123316

To Whom It May Concern:

Enclosed please find check for \$300.00 for the years 2004 and 2005. I formed the corporation in 2003 and never received the annual report notice to pay and I did not know about it.

I called and was told to send this letter along with the check.

Sincerely,


Manuel Leal