

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
04 DEC -8 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130037

1. Corporation Name

MANNY'S CONSTRUCTION, INC.

2. Principal Office Address

1586 TWELVE OAK CIR.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34745

Country

OSCEOLA

3. Mailing Office Address

P.O. BOX 700722

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

Zip

34770-0722

Country

OSCEOLA

REINSTATEMENT 04

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/03

5. FEI Number

20-0343188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EMANUAL PINEDA

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

1586 TWELVE OAK CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34745

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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	EMANUAL PINEDA	1586 TWELVE OAK CIR	KISSIMMEE, FL 34745

300043274893
12/08/04--01048--007 **750.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)