


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 17 AM 8:10 DEPT. OF STATE ATLANTA, FLORIDA	
DOCUMENT # <u>P040000028185</u>					
1. Corporation Name <u>Manns Mortgage & Financial Svc Inc</u>					
2. Principal Office Address - No P.O. Box # <u>6351 Landings Way</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>Dr 4846 N University</u> Suite, Apt. #, etc. <u># 351</u>		
City & State <u>Tamarae FL</u>			City & State <u>Lauderhill, FL</u>		
Zip <u>33321</u>	Country <u>USA</u>	Zip <u>33321</u>	Country <u>USA</u>	REINSTATEMENT <u>05-07</u> CR2E081 (1/07)	
4. Date Incorporated or Qualified To Do Business in Florida <u>2/11/04</u>				5. FEI Number <u>45-0534333</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent					
Name <u>Mitzie Green</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>6351 Landings Way</u>					
Suite, Apt. #, Etc. _____					
City <u>Tamarae</u>			State <u>FL</u>	Zip Code <u>33321</u>	
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 <u>[Signature]</u>			Date <u>5/15/07</u>		
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		
Principal	Mitzie Green	6351 Landings Way	Tamarae, FL 33321		
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: <u>[Signature]</u> Principal Broker				Date <u>5/15/07</u> Daytime Phone # <u>(954) 722-8323</u>	