

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058060

1. Corporation Name

Manny's Garage Door Services Inc.

321-947-5166

Manny's Garage Door Services Inc.

321-947-5166

W0700053594

2. Principal Office Address - No P.O. Box #

888 Orienta Ave

Suite, Apt. #, etc.

A

3. Mailing Office Address

888 Orienta Ave

Suite, Apt. #, etc.

A

City & State

Altamonte Springs, FL.

Zip

32701

Country

U.S.

City & State

Altamonte Springs, FL.

Zip

32701

Country

U.S.

CR2E081 (1/07)

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

March 31, 2004

5. FEI Number

201016370

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 Garcia

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

888 Orienta Ave

Suite, Apt. #, Etc.

A

City

Altamonte Springs

State

FL

Zip Code

32701

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Manuel Garcia

Date 10/22/07

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
<u>P</u>	<u>MANUEL GARCIA</u>	<u>888 ORIENTA AVE, APT A</u>	<u>ALTAMONTE SPRINGS, FL 32711</u>

200111360722

10/25/07--01045--010 **300.00

REINSTATEMENT 06-07

RS

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:

Manuel Garcia Manuel Garcia

Date

Daytime Phone #

Document corrected per Manuel Garcia. RS