

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 7:35

DOCUMENT # P04000097329

1. Corporation Name

Manulla - II inc

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

1023 SE 17 St

Suite, Apt. #, etc.

Fort Lauderdale.

City & State

Fort Lauderdale, FL

Zip

33316

Country

Broward.

3. Mailing Office Address

2031 SE 18 St

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

Broward.

900173443929
03/29/10--01064--012 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

November 2002

5. FEI Number

16-1637314

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

STEPHEN L. ZIMMERMAN, ESQ.

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

737 E. ATLANTIC BLVD

Suite, Apt. #, Etc.

City

POMPAHO BEACH, F

State

FL

Zip Code

33060

☒ 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

Date 3-25-10

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	Thomas J. Keane	2031 SE 18 St. Pompano	Pompano, FL 33062

10. E-mail Address: www2000tri@yahoo.com.ar

(To be used for future annual report notification)

11. 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. I further certify, 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:

Thomas Keane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/10

Date

954-600676

Daytime Phone #