

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 11 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100475

1. Corporation Name

MANVO CORPORATION

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

1724 N.E. 163 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1724 NE 163 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

MIAMI-DADE

100155774051  
05/11/09--01042--009 \*\*750.00

REINSTATEMENT 05-09

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/2004

5. FEI Number

65-1228851

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

MAN VO

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

1278 NW 141 AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINES,

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date 5/7/09

**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
PD	MAN VO	1278 NW 141 AVENUE	PEMBROKE PINES, FL 33028

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 118, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAN VO, PRESIDENT

5/7/09

Date

(305) 444-0740

Daytime Phone #