

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000113829

1. Entity Name  
DE MANO, INC.



FILED

06 OCT 19 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10032006 REIN-P CR2E098 (11/05)

4. FEI Number  
20-1446501

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOLAR, MARK  
3837 IRONWEDGE DRIVE  
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**REINSTATEMENT**  
City **FL** Zip Code **32808**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOLAR, MARK	
STREET ADDRESS	3837 IRONWEDGE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOLAR, MARK	
STREET ADDRESS	3837 IRONWEDGE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOLAR, MARK	
STREET ADDRESS	3837 IRONWEDGE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOLAT, MARK	
STREET ADDRESS	3837 IRONWEDGE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3805 Ironwedge Dr	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3805 100081024351	
CITY-ST-ZIP	10/19/06--01033--013 **150.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3805	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOLAR	
STREET ADDRESS	3805	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Lolat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/06 407-822-8193

Date Daytime Phone #