

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117841

1. Entity Name  
MANHATTAN AUTO SALES INC



Principal Place of Business  
7310 N FLORIDA AVENUE  
TAMPA, FL 33604 US

Mailing Address  
7310 N FLORIDA AVENUE  
TAMPA, FL 33604 US

2. Principal Place of Business - No P.O. Box #  
1717 E Busch Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 101

City & State  
TAMPA, FL

City & State

Zip  
33612

Country

Zip

Country



REINSTATEMENT

10301007

10301007

CR2E098 (1/07)

07

4. FEI Number  
20-1483525

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RIVERA, CELESTE  
7301 N FLORIDA AVE  
TAMPA, FL 33604

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2008, 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 ☐ Delete  
NAME RIVERA, CELESTE  
STREET ADDRESS 7310 N FLORIDA AVENUE  
CITY-ST-ZIP TAMPA, FL 33604

TITLE P ☐ Delete  
NAME RIVERA, VICTOR  
STREET ADDRESS 7310 N FLORIDA AVENUE  
CITY-ST-ZIP TAMPA, FL 33604

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 500111642955  
STREET ADDRESS 11/02/07--01030--011 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Victor Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-07 813/695-2442

Date

Daytime Phone

FILED

07 NOV -2 PM 4:23

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA