

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 30 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000145561

**1. Corporation Name**

A-Man Service, Incorporated

**2. Principal Office Address**

5383 Sandhurst Cir. N.

Suite, Apt. #, etc.

**3. Mailing Office Address**

5383 Sandhurst Cir. N.

Suite, Apt. #, etc.

**City & State**

Lake Worth, FL.

**City & State**

Lake Worth, FL

**Zip**

33463

**Country**

U.S.A.

**Zip**

33463

**Country**

U.S.A.

**REINSTATEMENT**

05-06

EP

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

**5. FEI Number**

☒ 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**

Jaime MARRERO

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

5383 Sandhurst Cir. N.

**Suite, Apt. #, Etc.**

na

**City**

Lake Worth

**State**

FL

**Zip Code**

33463

**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**

Jaime Marrero

REGISTERED AGENT MUST SIGN

**Date**

8/28/06

**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	Jaime MARRERO	5383 Sandhurst Cir. N.	Lake Worth, FL 33463

**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 under section 119.07(3)(i), 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:**

Jaime Marrero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06  
Date

561-723-8059  
Daytime Phone #

2/2

August 28, 2006

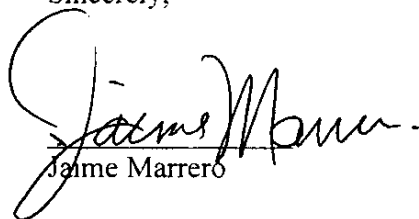
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: A-Man Service, Inc.  
P04000149651  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2005 & 2006 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

  
Jaime Marrero