

2006 FOR PROFIT CORPORATION REINSTATEMENT

11/2
FILED

2006 NOV - 6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000045906

1. Entity Name
VICTOR N. MANASSA, P.A.



Principal Place of Business

72 LEMA LANE
PALM COAST, FL-32137

Mailing Address

72 LEMA LANE
PALM COAST, FL 32137

210 PALM COAST PKY NE, PALM COAST, FL.

2. Principal Place of Business

210 PALM COAST PKY NE 3604 GARDEN LAKES CLENET

3. Mailing Address

Suite, Apt. #, etc.

SUITE B

CITY & STATE
PALM COAST FL

Zip
32137

Country
USA

CITY & STATE
BRADENTON FL.

Zip
34203

Country
USA

10272006

REIN-P

CR2E098 (11/05)

4. FEI Number

90-0160009

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANASSA, VICTOR N
72 LEMA LANE
PALM COAST, FL-32137

3604 GARDEN LAKES CLENET

BRADENTON, FL, 34206

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

Victor N. Manassa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OCT 31, 2006

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANASSA, VICTOR N
72 LEMA LANE
PALM COAST, FL-32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VICTOR N. MANASSA
3604 GARDEN LAKES CLENET ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800081554288
11/06/06--01045--009 **158.75

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

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

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

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 N. Manassa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 31, 2006

Date

Daytime Phone #

1-386-9315717

11-3

2/2

Oct. 31, 2006

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

To: Div. of Corp.

This letter is to forward payment and to inform you that I DID NOT RECEIVE the application. Apparently because I moved and some of my mail failed to be forwarded.

I am enclosing a check in the amount of \$150.00.

Thank you for your help.

Sincerely;


Victor N. Manassa