(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Maranatha TRANSPORTING
DOCUMENT NUMBER: P 0 5000 [1573]
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PBSALOW A COS to (Name of Contact Person)
(Firm/Company)
90 (ASTLE POINTE Blud. (Address)
PIS Cathway Nt 08854 (City/State and Zip Code)
For further information concerning this matter, please call:
ABSALON D COS 42 at (732) 5-29 4011 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address:  Amendment Section  Street Address:  Amendment Section

Division of Corporations

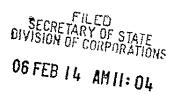
Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ABSAJON ACOS	hereby resign as VICA PROSIDENT (Title)
of Mananata	Innersport Inc.
P. 0 5 000 115 73/ (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	<u> </u>

(Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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