

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 31 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

08-09

600164084646  
12/31/09--01032--012 \*\*300.00  
CR2E081 (11/09)

DOCUMENT # P06000069018

1. Corporation Name

MANNIX AUTOMOTIVE INC

2. Principal Office Address - No P.O. Box #

3899 MANNIX DRIVE

Suite, Apt. #, etc.

SUITE 431

City & State

NAPLES, FLORIDA

Zip

34114

Country

USA

3. Mailing Office Address

3899 MANNIX DRIVE

Suite, Apt. #, etc.

SUITE 431

City & State

NAPLES, FLORIDA

Zip

34114

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/15/2006

5. FEI Number

20-4920410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY N CAPORALE

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

1380 21ST STREET SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/28/2009

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
PRESIDENT	ANTHONY N CAPORALE	1380 21ST STREET SW	NAPLES, FLORIDA 34117
VICE PRESIDENT	DOUGLAS MAXWELL	4010 LOBLOLLY DRIVE	NAPLES, FLORIDA 34114

10. E-mail Address: CAPORALENPL@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

ANTHONY N CAPORALE

12/28/2009 (239) 272-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/09