

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECTION 1
DIVISION 1

10 FEB -1 PM 12:39

DOCUMENT # P06000101602

1. Corporation Name

Managing Communities, Inc.

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

8305 SW 72 Ave

Suite, Apt. #, etc.

207A

City & State

Miami FL 44143

Zip

33143

Country

US

3. Mailing Office Address

8305 SW 72 Ave

Suite, Apt. #, etc.

207A

City & State

Miami FL

Zip

33143

Country

US

B 2/1/10
200185911553
01/12/10-01026--004 **\$600.00
REINSTATEMENT 07-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

August 4, 2006

5. FEI Number
20-5329984

☒ 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

Yvette Rouco

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

8305 SW 82 ST

Suite, Apt. #, Etc.

207A

City

Miami

State

FL

Zip Code

33143

☒ 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

1/8/2010

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	Yvette Rouco	8305 SW 72 Ave 207A	Miami, FL 33143

10. E-mail Address: yvettermcmanaging@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/2010

Daytime Phone #