

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gleñda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34626**

1. Corporation Name
MANUTECH ASSEMBLE, INC.

Principal Place of Business 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166	Mailing Address 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	05/13/1991
5. FEI Number	NOT APPLICABLE
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)


1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KHOZOUEE, FARHAD	#2 RUE DES NIMES	PORT-AU-PRINCE, HAITI
VCD	DURBAN, NADIA Y.	#16 IMP AUBRY	PETIONVILLE, HAITI
D	DURBAN, NADIA Y.	LABOOLE 16 #2	PETIONVILLE, HAITI
VDS	SEYFI, SAMAD	8181 NW 91ST TERRACE	MIAMI FL 33166
PD	DURBAN, LANCE P.	LABOULE 16 #2	PETIONVILLE, HAITI
VD	COLON JEAN-EDOUARD	#2 RUE DES NIMES	PORT-AU-PRINCE, HAITI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEYFI SAMAD 8181 N.W. 91-TERR., BLDG. 10 MIAMI FL 33166	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. 000024347020 11/03/03--01005--014 **750.00
	City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  Date 10/9/03
REGISTERED AGENT MUST SIGN

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 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:  Date 10/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)