

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000014343 1. Entity Name MANLEY FARMS NORTH, INC.						FILED 2007 DEC 10 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
Principal Place of Business 1040 COLLIER CTR WAY NAPLES, FL 34110				Mailing Address 1040 COLLIER CTR WAY NAPLES, FL 34110																																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #12				3. Mailing Address Suite, Apt. #, etc. #12																																							
City & State				City & State																																							
Zip		Country		Zip		Country																																					
4. FEI Number 65-0379035				Applied For ☐ Not Applicable																																							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																							
6. Name and Address of Current Registered Agent MANLEY, J. K JR. 1040 COLLIER CTR WAY STE 12 NAPLES, FL 34110				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																							
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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:				12/17/07 239-597-6416																																							