

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 JUL 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 9300005020

1. Corporation Name
MANUMIT OF FLORIDA, INC.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 5235 Satel Drive		3. New Mailing Office Address, If Applicable 5235 Satel Drive		4. Date Incorporated or Qualified To Do Business in Florida July 12, 1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-2065448	
City & State Orlando, FL		City & State Orlando, FL		Applied For Not Applicable	
Zip 32810	Country USA	Zip 32810	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Gaspere Campo	5235 Satel Drive	Orlando, FL 32810
V	Dominic Campo	5235 Satel Drive	Orlando, FL 32810
V/S	Anthony Hayes	5235 Satel Drive	Orlando, FL 32810
V	Michael A. Fish	5235 Satel Drive	Orlando, FL 32810
V	Earl Blankenship	5235 Satel Drive	Orlando, FL 32810

REINSTATEMENT *at a cost of 7/15/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Kerry Bazinet	
		Street Address (P.O. Box Number is Not Acceptable) 5235 Satel Drive	
		Suite, Apt. #, Etc. 700002239457-4 -07/15/97-01059-005 ***1245.00 ***1245.00	
		City Orlando	State Zip Code FL 32810

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.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN

700002239457-4
-07/15/97-01059-005
*****8.75 *****8.75
(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. 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: *[Signature]* 7-11-97 (407) 298-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Anthony Hayes, Secretary

CR2E040 (12/96)