

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 19 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



**DOCUMENT # P93000065693**

1. Entity Name  
MISSION MANORS, INC.



Principal Place of Business  
460 N.W. 40TH COURT  
OAKLAND PARK, FL 33309

Mailing Address  
460 N.W. 40TH COURT  
OAKLAND PARK, FL 33309

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02122007 REIN-P CR2E098 (1/07)

FEI Number  
65-0438412

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHAGOO, CHANDERDAI  
12410 SAWGRASS CT.  
WELLINGTON, FL 33414

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 Chanderdai Bhagoo DATE 2-15-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BHAGOO, CHANDERDAI 12410 SAWGRASS CT. WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400089576374</b> <b>02/27/07--01013--012 **308.75</b>
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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: Chanderdai Bhagoo Date 2-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR