

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

P93000073295

FILED  
SECRETARY OF CORPORATIONS  
98 FEB 20 PM 1:08

DOCUMENT # P93000073295

1. Corporation Name

Manderin Investments Group Inc.

Principal Place of Business

Mailing Address

7500 N.W. 25th Street  
Miami, Florida 33122

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

c/o 501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

City & State

City & State

Miami, Florida 33131

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

X

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Michael Meyerson	501 Brickell Key Dr. Suite 400	Miami, Florida 33131

REINSTATEMENT 94 thru 98  
cc

200002441742--8  
-02/26/98--01029--030  
\*\*\*1435.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

Richard Lehman  
2600 N. Military Trail  
Suite 270  
Boca Raton, Florida 33431

9. Name and Address of New Registered Agent

Name

Nelson Slosbergas, Esquire

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

#400

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 2-13-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

2-13-98