

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED
 12/11/97

97 DEC -1 AM 11:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086045 (9)**

1. Corporation Name **MANTRUST Inc.,**

Principal Place of Business: **1190 NE 34th Oakland Park - Fla 33334**

Mailing Address: **1190 NE 34th, Oakland Park, Fla. 33334**

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		4. Date Incorporated or Qualified To Do Business in Florida 1-1-9	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 650541532	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DIRECTOR	RAFIA, TAHERA M.	846 NE 34th	Oakland Park FL 33334
			700002362907--7 -12/04/97--01067--006 ***1080.00 ***1080.00
			REINSTATEMENT 95-97 A. Alan 12/11/97

8. Name and Address of Current Registered Agent

TAHERA M. RAFIA
846 NE 34th,
Oakland Park - FL 33334

9. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **700002362907--7**
 Suite, Apt. #, Etc.: **-12/04/97--01067--007**
 City: _____ State: **FL** Zip Code: **33334**

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: Tahera Date: _____

REGISTERED AGENT MUST SIGN

11. 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.)

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: Tahera **TAHERA M. RAFIA** Date: _____ Daytime Phone #: **954 (564-4413)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0-0 (12/96)