PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			123150 1 123		
DOCUMENT # 89400092893			97 MAY -2 PM 2: 11			
1. Corporation Name Manchester Building		Grp.		SECRETARY OF STATE		
	· •		TA	ALLAHASSEE FLORID	·	
Principal Place of Business Mailing Address PO. Box 81047			}	digas of the	(A)	
Boxa	Ration, Fl	3481	EINST	ATEMENT	76-97.	
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable New Mailing Address, If Applicable New Mailing Address, If Applicable		plicable	Date Incorp To Do Busic	DO NOT WRITE IN THIS SPACE orated or Qualified ness in Florida		
Suite, Apt. #, etc.	Suite, Apt. #. etc.		5. FEI Numbe	12 27 94	Applied For	
City & State Carro Company State Roton		(A	65-0	0543024	Not Applicable	
Zip Country		SA		E OF STATUS DESIRED SS 75 A	oditional Fee required. Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers		Street Address of Each	- 1, - 1, 1 - 17, - 1 - 11, 11 - 11. 1	I		
Title(s) and/or Directors	3 (DO NOT	Officer and/or Director Use Post Office Box N	lumbers)	City / State /	Zip	
V/D Philip Ball Ball		Mandarin Raton Fl	33433	Boar Ration	FI 3343	
P/D Peler Kubussen 1636 K		Key Lim		Laxabatahae	FI 33470	
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West Pal		Palm 1 FT	33405	West raim	F135400	
			O	000021672	704	
		-		-05/06/9701 ****915.00	060002 ****915,00	
		:				
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name						
Stre			Name PETER Kobussen Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.				LIME		
City Loxahatchee FL 33470						
10. I, being appointed the registered agent of the abo	ve named corporation, am familia	r with and accept the o	bligations of Sect			
Signature of Registered Agent Auly	GISTERED AGENT MUST SIGN			Date 4/28/47	·	
		:	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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 intengible tax.)						
12. Ido hereby certify that the information supplied we lines the Division of Corporations from any liability certify that I am an officer or director or the received this reinstatement application the reason for disseless owed by the corporation have been paid. To under oath.	with this filing is voluntarily furnish by of non-compliance with Section over or trustee empowered to exe- cultion has been eliminated, the perinformation indicated on this a	ed and does not qualify 1119.07(3)(k) in the eve cute this application as corporate name satisfic application is true and a	of the exemplication that the information provided for income the course of the course	on stated in Section 119.07(3)(k), in alion supplied is deemed exemplinapter 807 or 617, F.S. 1 further onlis of section 607.0401 or 617.04 signature shall have the same le	Florida Statutes. I re- from public access. I ertify that when filing 01, F.S., and that all gal effect as if made	
SIGNATURE: SIGNATURE AND TWAND OR PRI	NTED NAME OF BIGNING OFFICER	OR DIRECTOR	41	28/97	e Phone #	