

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
AND
FILED

99 OCT -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042881

1. Corporation Name

MANITA NVS CORP

REINSTATEMENT 98-99

Principal Place of Business

7455 COLLINS AVE

S-207

MIAMI BEACH FL 33141

Mailing Address

7455 COLLINS AVE

S 207

MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

7455 COLLINS AVE

Suite, Apt. #, etc.
S 216

City & State

MIAMI BEACH FL

Zip

33141

Country

3. New Mailing Address, If Applicable

7455 COLLINS AVE

Suite, Apt. #, etc.
S 216

City & State

MIAMI BEACH FL

Zip

33141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0584867

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)

1	2	3	4
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
PD	ESLI RUPERTO	4166 SW 105 AVE	MIAMI BEACH FL 33141
VD	AUGUSTO GEBAR DA ROCHA	7350 BYRON AVE # 11	MIAMI BEACH FL 33141

600003024376--4
-10/25/99--01130--004
****900.00 ****900.00

8. Name and Address of Current Registered Agent

B & L BUSSINES LEGAL INC.

141 NE 3RD AVE 9TH FLOOR

MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

MILLENNIA CONSULTING SERV. INC.

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

444 BRICKELL AVE

Suite, Apt. #, Etc.

750

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 02/29/99

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 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.

SIGNATURE:

Augusto Gebar da Rocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)