PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 OCT 13 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060404

1. Corporation Name

MANELLI, INC.

W97-22903

Principal Place of Business / Mailing Address

900 PALM AVE
HIALEAH, FL 33010

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida
900 PALM AVE	900 PALM AVE	AUGUST 4, 1995
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —	5. FEI Number: 65-0598683 ☐ Applied For ☐ Not Applicable
City & State: HIALEAH, FL [redacted]	City & State: HIALEAH, FL [redacted]	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 33010 Country: USA	Zip: 33010 Country: USA	

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
PTD	FERNANDO KOSTETSKY	18151 NE 31 CT #1602	AVENTURA, FL 33160
VSD	JUANA KOSTETSKY	18151 NE 31 CT #1602	AVENTURA, FL 33160

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****915.00 ****915.00

REINSTATEMENT 96-97

SL 10-16-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: FERNANDO KOSTETSKY
	Street Address (P.O. Box Number is Not Acceptable): 18151 NE 31 CT [redacted]
	Suite, Apt. #, Etc.: #1602
	City: AVENTURA State: FL Zip Code: 33160

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 X _____ Date 10.2.97

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 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 of 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: X _____ 10.2.97 305.885.8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR3E040 (12/95)