

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 12:34

DOCUMENT # P95000071311

1. Corporation Name

Manta Ray Crafts Inc.

2. Principal Office Address

10600 Bloomfield Dr

Suite, Apt. #, etc.

1723

City & State

Orlando FL

Zip

32825

Country

Orange

3. Mailing Office Address

10600 Bloomfield Dr #1723

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

Orange

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

09/595

5. FEI Number

6506 16239

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laura Giza

200003299302-2

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

10600 Bloomfield Dr.

-06/21/00-01081-008

***1050.00 ***1050.00

Suite, Apt. #, Etc.

1723

City

Orlando

State

FL

Zip Code

32825

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 06-06-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Norberg	10600 Bloomfield Dr #1723	Orlando, FL 32825
C	Dan Norberg	10600 Bloomfield Dr #1723	Orlando, FL 32825

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00

Date

407-381-4649

Daytime Phone #