

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *0810p2*

**APPLICATION FOR REINSTATEMENT**



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

**APPROVED AND FILED**

1997 MAR 25 AM 10:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # *995000096882*

1. Corporation Name  
**Manlar Enterprises CO.**

Principal Place of Business Mailing Address  
**16400 Collins Ave #2244  
 Miami Beach Florida 33160**

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 <b>8819 Froude Ave</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>12/18/95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>See attached</b>	
City & State		City & State <b>Miami Beach Florida</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		<b>33154</b>	<b>USA</b>		

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

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
Pres.	Berta Fernandez	8819 Froude Ave Miami Beach Florida 33154	Miami Beach Florida 33154
Sec	Berta Fernandez	8819 Froude Ave 33154	Miami Beach Florida 33154
			500002124575- - 3 -03/26/97--01070--008 ****923.75 ****923.75

**REINSTATEMENT** *06970 700 3/25/97*

8. Name and Address of Current Registered Agent <b>Berta Fernandez 16400 Collins Ave # 2244 Miami Beach Florida 33160</b>		9. Name and Address of New Registered Agent Name <b>Berta Fernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8819 Froude Avenue</b> Suite, Apt. #, Etc. City <b>Miami Beach</b> State <b>FL</b> Zip Code <b>33154</b>	
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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 *Berta Fernandez* **Berta Fernandez** Date **3/1/97**  
 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 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: *Berta Fernandez* **Berta Fernandez** Date **3/1/97** 305- 864 1864  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**Berta Fernandez**

CR2E040 (12/96)

109292

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN \_\_\_\_\_  
OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**MANIAR ENTERPRISES Co.**

2 Trade name of business, if different from name in line 1  
**SARRAS ABOVE**

3 Executor, trustee, "care of" name  
**BERTA FERNANDEZ**

4a Mailing address (street address) (room, apt., or suite no.)  
**8819 FROUDE AVE**

5a Business address, if different from address in lines 4a and 4b  
**8819 FROUDE AVE**

4b City, state, and ZIP code  
**MIAMI BEACH FL 33154**

5b City, state, and ZIP code  
**MIAMI BEACH Florida 33154**

6 County and state where principal business is located  
**DADE - Florida**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ **152466005**  
**BERTA FERNANDEZ - President**

8a Type of entity (Check only one box.) (See instructions.)  
 Sole Proprietor (SSN) \_\_\_\_\_  
 REMIC \_\_\_\_\_  
 State/local government \_\_\_\_\_  
 Other nonprofit organization (specify) \_\_\_\_\_  
 Other (specify) ▶ \_\_\_\_\_  
 Estate (SSN of decedent) \_\_\_\_\_  
 Plan administrator-SSN \_\_\_\_\_  
 Other corporation (specify) \_\_\_\_\_  
 Federal government/military \_\_\_\_\_  
 Trust \_\_\_\_\_  
 Partnership \_\_\_\_\_  
 Farmers' cooperative \_\_\_\_\_  
 Church or church controlled organization \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State **Florida** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.)  
 Started new business (specify) ▶ \_\_\_\_\_  
 Hired employees \_\_\_\_\_  
 Created a pension plan (specify type) ▶ \_\_\_\_\_  
 Banking purpose (specify) ▶ \_\_\_\_\_  
 Changed type of organization (specify) ▶ \_\_\_\_\_  
 Purchased going business \_\_\_\_\_  
 Created a trust (specify) ▶ \_\_\_\_\_  
 Other (specify) ▶ \_\_\_\_\_

**COPY**

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**12/18/1995**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ **4/4/1997**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." . . . . . ▶ Nonagricultural \_\_\_\_\_ Agricultural \_\_\_\_\_ Household **1**

14 Principal activity (See instructions.) ▶ \_\_\_\_\_

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)  Public (retail)  Other (specify) ▶ \_\_\_\_\_  N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.  
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **BERTA FERNANDEZ President 305-8641864**

Signature ▶ *Berta Fernandez* Date ▶ **3/24/97**

Note: Do not write below this line. For official use only.

Please leave blank ▶ Geo. \_\_\_\_\_ Ind. \_\_\_\_\_ Class \_\_\_\_\_ Size \_\_\_\_\_ Reason for applying \_\_\_\_\_