

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 8819 Froude Ave		4. Date Incorporated or Qualified To Do Business in Florida 12/18/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number See attached	
City & State		City & State Miami Beach Florida		<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	
		33154	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
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 Berta Fernandez 16400 Collins Ave # 2244 Miami Beach Florida 33160		9. Name and Address of New Registered Agent Name Berta Fernandez Street Address (P.O. Box Number is Not Acceptable) 8819 Froude Avenue Suite, Apt. #, Etc. City Miami Beach State FL Zip Code 33154	
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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** *3/1/97* **3/1/97** 305- 864 1864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Berta Fernandez

CR2E040 (12/96)

1, 08202

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.) ▶ **BERTA FERNANDEZ - President** 152466005

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 _____