PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUN 28 AM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095985

1. Corporation Name
MANSAL, INC

REINSTATEMENT 07-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 GROVE ISLE	2 GROVE ISLE
Suite, Apt. #, etc.: #1207	Suite, Apt. #, etc.: #1207
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: CORPORATE MAINTENANCE SERVICES,LLC

Street Address (P.O. Box Number is Not Acceptable): 1000 BRICKELL AVENUE, SUITE 215

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33131

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06/28/11--01024--008 **1350.00

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: Nicholas Stanhan Date: JUNE 17, 2011
REGISTERED AGENT MUST SIGN Corporate Maintenance Services, LLC

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
DP	MANUEL SALVOCH ONCINS	2 GROVE ISLE #1207	MIAMI, FL 33133
DS	MANUEL S. SALVOCH	2 GROVE ISLE #1207	MIAMI, FL 33133

10. **E-mail Address:** LCABRALES@RSMIAMI.COM
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Manuel Salvoch JUNE 17, 2011 (305) 349-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #