

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500008866355  
11/07/02--01049--008 \*\*150.00

DOCUMENT # P97000003205

1. Corporation Name

MANOR RETIREMENT, INC.

Principal Place of Business

5621-5631 NW 28TH STREET  
LAUDERHILL FL 33313

Mailing Address

5621-5631 NW 28TH STREET  
LAUDERHILL FL 33313

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

2. New Principal Office Address, If Applicable

5631 NW 28th Street  
Suite, Apt. #, etc.  
5621

3. New Mailing Office Address, If Applicable

5631 NW 28th Street  
Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33313

Country

USA

Zip

33313

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1997

5. FEI Number

65-0717148

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
PDST	FUDALI, HALINA	5621-5631 NW 28TH STREET	LAUDERHILL FL 33313
V	DYGDON, JACEK	714 SW 7 ST	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

HALINA, FUDALI  
5621-5631 NW 28ST  
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

Halina Fudali

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

3221 NE 16 Street

Suite, Apt. #, Etc.

#102

City

Pompano Beach

State

FL

Zip Code

33062

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED -

REGISTERED AGENT MUST SIGN

Date

10.28.02

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.28.02

Daytime Phone #

CR2ED40 (8/02)

# Professional Business Solutions

The Bottom Line Experts

November 1, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Manor Retirement, Inc.

Dear Sir or Madam:

Please see the reinstatement notice that our above named client received. Please note that the address you have on file is not exactly correct. Although the business occupies both 5621 and 5631 NW 28<sup>th</sup> Street, all mail is delivered to 5631 NW 28<sup>th</sup> Street. If the mailing address does not appear at 5631 NW 28<sup>th</sup> Street, the post office often returns the mail to sender.

Therefore, we ask that you accept the annual fee of \$150 and update your records for the correct mailing address. Once this is changed, we can be assured that the 2003 annual report will be delivered.

We await your response.

Sincerely,

Concetta Lupardo.