

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

PS/2

00 OCT 31 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005163

1. Corporation Name

MANCUNIA, INC.

Principal Place of Business

Mailing Address

9070 KIMBERLY BLVD  
SUITE #24  
BOCA RATON FL 33434  
US

9070 KIMBERLY BLVD  
SUITE #24  
BOCA RATON FL 33434  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0765503

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RAMSAY, NIGEL	9070 KIMBERLY BLVD, STE #24	BOCA RATON FL 33

700003456137-6  
-11/07/00--01121--002  
\*\*\*\*150.00 \*\*\*\*150.00

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMSAY, NIGEL A  
9070 KIMBERLY BLVD  
SUITE #24  
BOCA RATON FL 33434

Name

REA NIGEL RAMSAY

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

4400 N. FED Hwy

Suite, Apt. #, Etc.

# 10

City

BOCA RATON

State

FL

Zip Code

33431

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

*[Signature]* SIGNATURE REQUIRED

Date

10/2000

REGISTERED AGENT MUST SIGN

CR2E040 (8/00)

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:

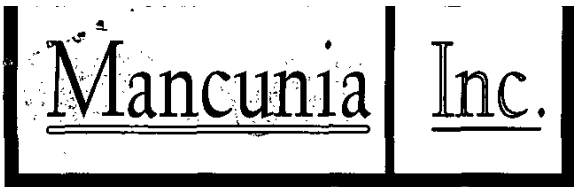
*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2000

Date

561 391 7447

Daytime Phone #



4400 N. Federal Hwy.  
Suite 10  
Boca Raton  
FL 33431  
USA

*Q2000*

October 20, 2000

Department of State  
Division of Corporations  
C/O Michelle Milligan  
P.O.Box 6327  
Tallahassee FL 32314-6327

Re: Reinstatement of Mancunia, Inc. without penalties

Dear Michelle,

As per our telephone conversation this date, I am enclosing our check for \$150.00\* for the annual renewal of our corporation.

We moved our offices in late 1999 and have never been late before and filed the report timely on April 1, 2000. You have indicated that you must have received that report because the address appears corrected on the reinstatement form. We never received any returned correspondence and our check never cleared our bank. The original must have been lost in the postal system or lying on someone's desk because there is no reason why it was not filed timely.

Please accept our replacement check as payment in full for UBR 2000 for Mancunia, Inc.

Thank you for your time in clearing up this matter,

Sincerely yours,

*N. A. Ramsay*  
Nigel Ramsay, President