

FILED

1042

04 OCT -4 PM 3:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000068808

1. Corporation Name **MANU CORP.**  
**14719 SW 106 ST**  
**MIAMI, FL 33196**900041815599  
10/12/04--01035--024 \*\*450.00

## 2. Principal Office Address

**14719 SW 106 ST**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

Zip

**33196**

Country

## 3. Mailing Office Address

**7480 SW 107 AVE #4101**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

Zip

**33173**

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida**08-08-1997**

## 5. FEI Number

**65-0776394**

## Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See FEI Number for details

## 7. Name and Address of Current Registered Agent

Name

**ABRAMSON EDWARD, J. ESQ.**

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

**7270 NW 12TH ST**

Suite, Apt. #, Etc.

**#510**

City

**MIAMI,**

State

**FL**

Zip Code

**33126**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

## 9. Name 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
PSD	Romero, Juan P	7480 SW 107 AVE #4101	MIAMI, FL 33173

10. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/10/04

FILED

2 of 2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

04 OCT -4 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEARS 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
JUAN P. ROMERO  
PRESIDENT