

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005414

1. Corporation Name

MANRESA ENTERPRISE INC.

2. Principal Office Address

11470 NW 4 Lane

Suite, Apt. #, etc.

N/A

City & State

Miami FL

Zip

33172

Country

USA

3. Mailing Office Address

11470 NW 4 Lane

Suite, Apt. #, etc.

N/A

City & State

Miami Florida

Zip

33172

Country

USA

REINSTATEMENT 99-00

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

January 16 1998

5. FEI Number

65-0832712

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

Miguel J Manresa

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

11470 NW 4 Lane

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33172

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****908.75 ****908.75

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 Miguel Manresa *mmanresa*

Date 4-1-2000

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| P | Miguel J Manresa | 11470 NW 4 Lane | Miami FL 33172 |
| Vp | Veronica Manresa | 11470 NW 4 Lane | Miami FL 33172 |
| VP | Jose H Arias Garavito | 1936 Andromeda Lane | Weston FL 33327 |
| S | Claudia Alvarez | 1936 Andromeda Lane | Weston FL 33327 |
| | | | |
| | | | |

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)(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.

KE

SIGNATURE: *mmanresa* Miguel J Manresa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000
Date

305-4484858
Daytime Phone #