

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

**CORPORATION**  
**REINSTATEMENT**

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

02 MAR 11 AM 9:33

DOCUMENT # P98000060808

1. Corporation Name

MANGA, INC

000005140170--1  
-03/22/02--01005--005  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address		3. Mailing Office Address	
5131 N. TAMiami TR.		5131 N. TAMiami TR.	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34234	Country USA	Zip 34234	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/1/98	
5. FEI Number 650852359	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name FILIPPO DENTICI		
Street Address (P.O. Box Number is Not Acceptable) 5131 N TAMiami TR		
Suite, Apt. #, Etc. A		
City SARASOTA	State FL	Zip Code 34234

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/6/02

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
D	FILIPPO DENTICI	5131A N. TAMiami TR.	SARASOTA, FL 34234

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.

SIGNATURE:

*[Signature]*

FILIPPO DENTICI

Date

3/6/02 941-755-3332

Daytime Phone #

CR2E081 (9/01)



## Century Small Business Solutions

4301 32nd Street West, Suite A20  
Bradenton, FL 34205  
Phone: (941) 755-3332  
Fax: (941) 755-3334  
E-Mail: gsn@centurysmallbiz.com

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March 6, 2002

Florida Department of State  
Division of Corporations Annual Report  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Manga, Inc  
Doc# P98000060808

Attached please find a completed Application For Reinstatement and check #0421 for \$300.00 for the 2001 and 2002 URB Reports.

At this time, I would like to request waiver of any penalty or late fee for the 2001 URB as our records show the payment was mailed on April 2, 2001 well in advance of the May 1<sup>st</sup> deadline. In addition, after determining the payment was not received by the State, as the check sent was never processed, a replacement check #381 was sent with a letter of explanation on November 15, 2001.

However, after speaking with a representative from the Department of State on March 6, 2002, I was told the check was sent back in December 2001 but we have yet to receive it.

Considering this unfortunate set of occurrences I am asking for your consideration in accepting this request for reinstatement.

Sincerely,

  
George Najmy  
Accountant