

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P98000083495

1. Corporation Name

MANNING ENTERPRISES OF FLORIDA, INC.

2. Principal Office Address

110 22nd Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, Florida 34205

Zip

34205

Country

Manatee

3. Mailing Office Address

110 22nd Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, Florida 34205

Zip

34205

Country

Manatee

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

9/28/98

5. FEI Number

65-0871409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

FILED
01 NOV -2 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001

7. Name and Address of Current Registered Agent

Name

V. WILLIAM KAKLIS, ESQ. , Kaklis, Venable, Witt & Hoyle, P.A.

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

1400 4th Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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******758.75 ****758.75**

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

Date **10-26-01**

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, S, T, D	D. ROBERT MANNING	P.O. Box 243	Oneco, Florida 34264

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **D. Robert Manning** Date

9/29/01

Daytime Phone #

CR2E081 (9/00)