2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000103727 1. Entity Name MANNASOURCE, INC.			FILED 05 NOV -3 PM 5: 14	
Principal Place of Business Mailing Address 12933 HELM DRIVE 12933 HELM DRIVE JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258		258	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address		<u> </u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10192005 REIN-P C	CR2E098 (6/04)
City & State City & State			4. FEI Number 59-3548120	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	Fee Required
WALKER, PAUL 12933 HELM DR JACKSONVILLE, FL 32258		Name	7. Name and Address of New Registe	ered Agent
		Street Address	s (P.O. Box Number is Not Acceptable)	
		City		FL Zip Code
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00				
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	· · · · · · · · · · · · · · · · · · ·
NAME WALKER, PAUL STREET ADDRESS 12933 HELM DR		NAME STREET ADDRESS	30006114 11/03/05010450	☐ Change ☐ Addition { ☐ 5 9 3 ☐ **150.00
TITLE VST	□ Delete	C/TY+ST-ZIP TITLE		Change Addition
NAME WALKER, MARY L STREET ADDRESS 4540 SOUTHSIDE BLVD #902	_ 5	NAME STREET ADDRESS	R. W/3	
CITY-ST-ZIP JACKSONVILLE, FL 32216	Delete	CITY-ST-ZIP (p • • • • •	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information stopplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: PAVL WALKER 1 0 0 430 - 0328				

12933 Helm W. Jacksonville, Fl. 32258 Nov. 1, 2005

Fla. Dept. of States Devision of Corporations Po Box 4327 Fallahansee H. 32314

Dear Suis:

My home and home office was ploaded on September 25, 2004 by hurricane Jeanne, ? was found to more out and have are my records, furniture, and other possessions put in Storage for 7 months while horse was being repaired. I moved into my daughter home 30 miles away and had my mail forwarded to 12009 Saverio # Lane, 32225. no mail came for over a month so I had the forwarding cancelled but P.a messed it up and over next 7 months some was Selvied to Helm Dr. and some to Saveris In. and their setural to sender-I assume that is why I died not receive and respond to my lorporate filing for

Paux Walner, Manna Source, Inc.