PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 DEC -6 PM 4: 08
DOCUMENT # P99 D000 13275 1. Corporation Name RD MANINS ENTERPRISES, INC.		SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address 821 Christina Circle Suite, Apt. #, etc.	3. Mailing Office Address 821 Christina Circle Suite, Apt. #, etc.	REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida Feb 8, 1999
City & State Old SMAY FU Zip Country USA	City & State Old SMar, FL Zip Country 33615 USA	5. FEI Number 59 - 3562965 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 3975 Additional Fee required to detail and the status of Status
7. Name and Address of Current Registered Agent Name Robert D. Manns Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City OldSMar 8. 1, being appointed the registered agent of the above named esoporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of		
Registered Agent Date Date Begistered Agent MUST SIGN		
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors Pres. Robert D. Mai	Wor Director (Florida nonprofit corporations must list at le Street Address of Each Officer and/or Directo 821 Christina C Oldsmar	City / State / Zip
10 Locality that Lomba officer or director or the reco	aver or trustee empayared to execute this application as	KE
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: ROBERT OMIO TOWNS 11 27/00 Date Daving Phone #		