


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAR 10/2

**CORPORATION**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 AM 10:30

DOCUMENT # **P99000062312**

1. Corporation Name  
**MANOZO CORPORATION**

200014091332  
03/14/03--01058--018 \*\*8.75

200014091332  
03/14/03--01058--017 \*\*300.00

|   |                        |  |                        |
|---|------------------------|--|------------------------|
| 2. Principal Office Address<br><b>17740 N.E. 10<sup>TH</sup> AVE</b><br>Suite, Apt. #, etc.<br><b>N/A</b> |                        | 3. Mailing Office Address<br><b>17740 N.E. 10<sup>TH</sup> AVE.</b><br>Suite, Apt. #, etc.<br><b>N/A</b> |                        |
| City & State<br><b>NORTH Miami, Florida</b>   |                        | City & State<br><b>NORTH Miami, Florida</b>  |                        |
| Zip<br><b>33162</b>   | Country<br><b>DADE</b> | Zip<br><b>33162</b>  | Country<br><b>DADE</b> |

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

5. FEI Number  
**65-0935058**

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name  
**EUGENE PORTER, JR., MBA, ACCOUNTANT**

Street Address (P.O. Box Number is Not Acceptable)  
**13899 Biscayne Blvd, #136**

Suite, Apt. #, Etc.  
**#136**

City  
**NORTH Miami Beach, Florida**

State  
**FL**

Zip Code  
**33181**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Eugene Porter, Jr.* Date **3/6/2003**

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/D    | PHILTO REVOLTE                    | 1746 79 <sup>TH</sup> STREET CAUSEWAY<br>NORTH BAY VILLAGE | NORTH BAY VILLAGE<br>FLORIDA 33143 |
| V-T/S  | HARRY D' MONTAYER                 | 1746 79 <sup>TH</sup> STREET<br>CAUSEWAY                   | NORTH BAY VILLAGE<br>FLORIDA 33143 |
|        |                                   |  |                                    |
|        |                                   |  |                                    |
|        |                                   |  |                                    |
|        |                                   |  |                                    |

02-3 48 R

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: *Philto Revolte* Date **03/06/03** Daytime Phone # **954-274-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20081 (9/01)

March 06, 2003

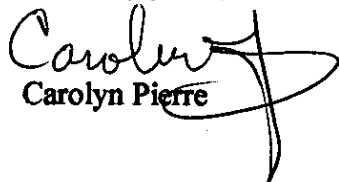
To Whom It May Concern:

Please be advised that I Carolyn Pierre did not received the UNIFORM BUSINESS REPORT for MANOLO CORPORATION for 2002 and 2003.

Please, if you kindly waive the penalty fee so I can reinstate my business, will greatly appreciate it.

Thank you for considering this matter.

Sincerely yours,

  
Carolyn Pierre