

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**01402**

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

02 APR 10 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000078864**

1. Corporation Name  
**JOSEPH MANKO CARPENTRY Inc.**

2. Principal Office Address  
**1930 NE 57th St**

3. Mailing Office Address  
**1930 NE 57 St**

Suite, Apt. #, etc. ~~XXXX~~

Suite, Apt. #, etc. ~~XXXX~~

City & State  
**Ft. LAud Fla**

City & State  
**Ft. LAud. FLA**

Zip **33308** Country **USA**

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4. Date Incorporated or Qualified To Do Business in Florida **1/3/99**

5. FEEL Number **65 0945589** Applied For  Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name **William J. Manko**

Street Address (P.O. Box Number is Not Acceptable) **1930 NE 57 St** **200005315092-4**

Suite, Apt. #, Etc. **Ft. LAud FLA.** **-04/22/02--01113--006**  
**\*\*\*\*300.00 \*\*\*\*300.00**

City **Ft. LAud FLA.** State **FL** Zip Code **33308**

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 **William J Manko**

Date \_\_\_\_\_

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
PRES.	Wm JOSEPH Manko	1930 NE 57th St.	Ft. LAud. Fla.

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: **William Joseph Manko**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/02** (954)  
Date Daytime Phone # **465 4662**

CR2E081 (9/01)

4/5/62

TO WHOM IT MAY CONCERN

IN THE PAST YEAR IVE  
BEEN GOING THROUGH A DIVORCE AND PUT  
OUT OF PREVIOUS ADDRESS 2124 NE 66<sup>TH</sup> ST  
I NEVER RECEIVED MY CORPORATION  
RENEWAL. HERE IS LAST YEARS FEE AND  
THIS YEARS FEE FOR RENEWAL. PLEASE  
PROCESS PROMPTLY

Thank you

W. Joseph Mankin