PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 31 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004481456--8
-07/17/01--01092--018
****908.75 ****908.75

DOCUMENT # P99000082024

1. Corporation Name

MANI-AVANTI, INC.,
a Florida corporation

2. Principal Office Address	3. Mailing Office Address
5744 Sunset Drive	Same as principal office
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Miami, FL	City & State
Zip: 33143 Country: Miami-Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: September 10, 1999

5. FEI Number: 650951166 ☐ 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: Mani Pastrana

Street Address (P.O. Box Number is Not Acceptable): 5744 Sunset Drive

Suite, Apt. #, Etc.:

City: Miami. State: FL Zip Code: 33143

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: MANI PASTRANA Date: 5/1/2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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.	Mani Pastrana	5744 Sunset Drive	Miami, FL 33143
~~Vice Pres.~~ Secretary Treasurer	Blanca Pastrana	5744 Sunset Drive	Miami, FL 33143

REINSTATEMENT 2000-01

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: MANI PASTRANA 5/1/2001 305-665-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mani Pastrana