

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:18

DOCUMENT # P99000099006

1. Corporation Name

MANNING FINANCIAL MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

16502 ASHWOOD DRIVE  
TAMPA FL 33624

16502 ASHWOOD DRIVE  
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

11/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-362298

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MANNING, KEVIN P	16502 ASHWOOD DRIVE	TAMPA FL 33624

200003441812--7  
-10/27/00--01023--013  
\*\*\*750.00 \*\*\*750.00

Phlips

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFLOCH, EUGENE M  
400 N. TAMPA ST., #2625  
TAMPA FL 33602

Name KEVIN P. MANNING  
Street Address (P.O. Box Number is Not Acceptable)  
16502 Ashwood Dr  
Suite, Apt. #, Etc.

City TAMPA

State FL

Zip Code 33624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/13/00

11. 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: SIGNATURE REQUIRED  
P. MANNING

Date

Daytime Phone #

10/13/00

8/3  
962-6519