


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 18 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500029203175  
02/23/04--01031--010 \*\*300.00

**DOCUMENT # 536194**

1. Corporation Name  
*Pablo Manavello Productions Inc.*

2. Principal Office Address  
*11746 SW 93 Terrace*

3. Mailing Office Address  
*11746 SW 93 Terrace*

City & State  
*Miami, FL*

City & State  
*Miami, FL*

Zip Country  
*33186 USA*

Zip Country  
*33186 USA*

4. Date Incorporated or Qualified To Do Business in Florida  
*3/5/1991*

5. FEI Number  
*650259024*

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Pablo Manavello*

Street Address (P.O. Box Number is Not Acceptable)  
*11746 SW 93 Terrace*

Suite, Apt. #, Etc.

City  
*Miami*

State  
**FL**

Zip Code  
*33186*

**REINSTATEMENT**

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  
*Pablo Manavello*

REGISTERED AGENT MUST SIGN

Date  
*2/16/04*

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
<i>Pres.</i>	<i>Pablo Manavello</i>	<i>11746 SW 93 Terrace</i>	<i>Miami, FL 33186</i>

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)(f), 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: *Pablo Manavello* *Pablo Manavello* *2/16/04* *786-3448986*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (01/04)

B

From:

Pablo Manavella  
Pablo Manavella Productions  
Miami, FL

2/16/04

2 of 2

To whom it may concern

I'm writing to request the reinstatement of Pablo Manavella Prod. Inc.

I did not receive the annual payment packet therefore I forgot to make the check in time

I spoke with an officer on the phone and he told me to send the enclosed form with a check for \$300.00 to cover the 2003 and 2004 fee. My daytime phone # is 786-3448986.

Thanks,

Pablo Manavella