

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED 091800
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 746205

1. Corporation Name

MANGO HILL CONDOMINIUM ASSOCIATION NO 10, INC.

00 NOV -6 PM 2:56

Principal Place of Business

7154-B SW 47 ST.
MIAMI FL 33155
US

Mailing Address

7154-B SW 47 ST.
MIAMI FL 33155
US



REINSTATEMENT 99-92

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

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
SAME

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1979

5. FEI Number

59-2120947

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ARENCIBIA, ANGEL	3850 W. 9TH WAY	HIALEAH FL (DELETE)
VD	BUILKES, FABIOLA (D)	3750 W. 9TH WAY	HIALEAH FL
TD	WILSON, CASTILLO PRESIDENT (D)	3780 W. 9TH WAY	HIALEAH FL (CHANGE)
SD	HERNANDEZ, SILVIA (D)	3740 W. 9TH WAY	HIALEAH FL

8. Name and Address of Current Registered Agent

GROUP CADICORP, INC.
7154 SW 47 TH STREET
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

Cadicorp Management Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

7154-B S.W. 47 Street

City

Miami

State

FL

Zip Code

33155

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

09/10/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

668

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236.25 300 236.25

Date

Daytime Phone #

668-4800