H99000028704

APPLICATION FOR REINSTATEMENT

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

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT # 397396

1. Corporation Name
Los Mangos, Inc.

REINSTATEMENT 96-99

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 3/14/72
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3230 NW 19 Terrace	26 3230 NW 19 Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33125 / County 25 Miami-Dade	Zip 29 33125 / County 30 Miami-Dade

4. FEI Number: 59-1546071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jose B. Machado 1625 NW 30th Avenue Miami, FL 33125	81 Name: Jose B. Machado 82 Street Address (P.O. Box Number is Not Acceptable): 3230 NW 19 Terrace 83 84 City: Miami FL 85 Zip Code: 33125

11. Pursuant to the provisions of Section 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jose B. Machado by L.A. Uriarte as attorney-in-fact 11/22/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S,T Jose B. Machado 3230 NW 19 Terrace Miami FL 33125	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE: Jose B. Machado, Pres., by L.A. Uriarte as attorney-in-fact 11/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

LOS MANGOS, INC

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