

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

02 AUG 19 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 397296

1. Corporation Name

Los Mangos INC.

2. Principal Office Address

3230 NW 19 Terr.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

USA

3. Mailing Office Address

3230 NW 19 Terr.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

USA

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

March 14, 1972

5. FEI Number
59-2336404

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

JOSE B. MACHADO

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

3230 NW 19 Terr.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33125

100007310581--8

-08/23/02--01043--015

***1050.00 *** 050.00

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

Date AUGUST 5TH, 2002

REGISTERED AGENT MUST SIGN

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
PST	JOSE B. MACHADO	3230 NW 19 TERRACE	MIAMI FLORIDA 33125
	PST= PRESIDENT/SECRETARY/TREASURER		

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:

AUGUST 5TH, 2002 - 305-638-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/01)