

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 17 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **454632**

1. Corporation Name

Mangrove Cycle Shops, Inc.

2. Principal Office Address

260 Crandon Blvd.

Suite, Apt. #, etc.

#6

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

260 Crandon Blvd.

Suite, Apt. #, etc.

#6

City & State

Key Biscayne, FL

Zip

33149

Country

USA

REINSTATEMENT **04-06**
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/1974

5. FEI Number

591534795

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
WILLIAM F. DURHAM

Street Address (P.O. Box Number is Not Acceptable)
260 CRANDON BLVD.,

Suite, Apt. #, Etc.

#6

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

W.F. DURHAM

REGISTERED AGENT MUST SIGN

Date **MAY 11, 2006**

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
PRESIDENT	WILLIAM F. DURHAM	260 CRANDON BLVD. #6	KEY BISCAYNE, FL 33149
	05/24		

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 contained in Chapter 119, 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:

W.F. DURHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 11, 2006 305-361-5555

Date

Daytime Phone #