

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

48192

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 23 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FA17000000580

1. Corporation Name

MANGO AND PERSIMMON, INC.

2. Principal Office Address

Suite, Apt. #, etc.

1601 W. School St. #203

City & State

Chicago, IL 60657

Zip

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

1601 W. School St. #203

City & State

Chicago, IL 60657

Zip

Country

USA

REINSTATEMENT

98100

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/7/96

5. FEI Number

36-4069132

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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Laura R. Ousp

Date

6/26/00

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
Pres Trea	Mark A. Epstein	1601 W. School St #203	Chicago, IL 60657
VP Sec'y	Michael J. Lapat	10200 NW 19th St.	Coral Springs, FL 33071

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:

Michael Lapat
Michael Lapat

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(888) 263-4774

Date

Daytime Phone #

CR2E081 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 740763 7122935

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 1058.75

ORDER DATE : June 22, 2000

ORDER TIME : 12:12 PM

ORDER NO. : 740763-005

CUSTOMER NO: 7122935

CUSTOMER: Mr. Michael Lapat
LAW OFFICES OF MICHAEL LAPAT
LAW OFFICES OF MICHAEL LAPAT
Suite 311
3300 University Drive
Coral Springs, FL 33065

RESUBMIT

Please give original
submission date as file date.

DOMESTIC FILING

NAME: MANGO AND PERSIMMON, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: NORMA HULL EXT. 1115

EXAMINER'S INITIALS:

RECEIVED
00 JUN 23 PM 1:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA