

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

550

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 10:17

DOCUMENT # LO3000043113

1. Limited Liability Company's Name

MONGO ONE, LLC

500073451975
05/01/06--01032--013 ***440.00

CR2E041 (8/05)

2. Principal Office Address

1326 N DIXIE HWY

3. Mailing Office Address

1326 N DIXIE HWY

Suite, Apt. #, etc.

SUITE # 9

Suite, Apt. #, etc.

SUITE # 9

City & State

LAKE WORTH FLA

City & State

LAKE WORTH FLA.

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WAGNER DORIS R

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

1326 N DIXIE HWY

Suite, Apt. #, Etc.

SUITW # 9

City

LAKE WORTH

State

FL

Zip Code

33460

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Doris R. Wagner
REGISTERED AGENT MUST SIGN

Date 4-8-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WAGNER DORIS R	1326 N DIXIE HWY	LAKE WORTH FL 33460

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Doris R. Wagner

Date 4-8-06

Daytime Phone #

561
588-5550

Typed or printed name of signing Managing Member/Manager