

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000051659**

1. Limited Liability Company's Name

MANGO PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #
1323 SE 3rd Ave.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33316

Country
USA

3. Mailing Office Address
1323 SE 3rd Ave.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33316

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **07/12-2004**

6. FEI Number
264609927

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
Jack R. Loving, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1323 SE 3rd Ave.

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33316

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Jack R. Loving

REGISTERED AGENT MUST SIGN

Date **6-28-07**

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
Mgr	Jack R. Loving	1323 SE 3rd Ave.	Fort Lauderdale, FL 33316

REINSTATEMENT

2005-2007

100108206851

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

Jack R. Loving

Date

6-28-07

Daytime Phone #

954-7640055

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

L040000051659

RECEIVED

07 AUG 16 PM 4:12

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 057553 8900A

AUTHORIZATION :

COST LIMIT : \$ 150.00

FILED
07 AUG 16 AM 8:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 16, 2007

ORDER TIME : 3:25 PM

ORDER NO. : 057553-005

CUSTOMER NO: 8900A

BK

DOMESTIC FILINGS

NAME: MANGO PROPERTIES, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____