

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000080620**

**1. Limited Liability Company's Name**

**MANGO, LLC**

**2. Principal Office Address - No P.O. Box #**

**8715 STIRLING ROAD**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**COOPER CITY**

**City & State**

**Zip**

**33328**

**Country**

**US**

**Zip**

**Country**

**4. State/Country of Formation**  
**FLORIDA**

**5. Date Organized or Qualified  
To Do Business in Florida** 08/16/2005

**6. FEI Number**  
**20-3331611**

☐ 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**  
**KAREN YEHEZQEL**

**Street Address (P.O. Box Number is Not Acceptable)**  
**8715 STIRLING ROAD**

Suite, Apt. #, Etc.

**City**  
**COOPER CITY**

**State**  
**FL**

**Zip Code**  
**33328**

☒ 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**

*Karen Yehezqel*

**REGISTERED AGENT MUST SIGN**

**Date**

*11/12/09*

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
P	KAREN YEHEZQEL	8715 STIRLING ROAD	COOPER CITY, FL 33328
VP	SHARON GOLAN FADIDA	8715 STIRLING ROAD	COOPER CITY, FL 33328

**REINSTATEMENT** *2008-09*

**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**

*Karen Yehezqel*

**Date**

*11-12-09*

**Daytime Phone #**

*786-303-5004*

**Typed or printed name of signing Managing Member/Manager**

**FILED**

**09 NOV 18 PM 1:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*100162040661  
10/22/09 01049 002*

*9/150,00*

CR2E041 (10/08)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

272  
FILED  
09 NOV 18 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2009

MANGO, LLC  
8715 STIRLING ROAD  
COOPER CITY, FL 33328

SUBJECT: MANGO L.L.C.  
Ref. Number: L05000080620

We have received your document for MANGO L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$277.50.

We need an additional check for \$127.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 909A00034789