FORDATION REINSTATEMENT FOR STATE Katherine Harris Scoretary of State DIVISION OF CORPORATIONS DOCUMENT # N 9400005222 1. Corporation Name MAHOGANY ISLE HORES CONDOMINIUM AGRICUTUM INC. 2. Percipal Office Address INFO SW. Inc. Controlled Controlle	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
2. Principal Office Address D450 Stw. Makegory Circle Control office Address D5 FEI MSD623783 Address D5 Applied For Non Applied For Non Applied For Control office Address D450 Stw. Makegory Circle Control of Address D5 FEI MSD623783 Address D6 Stw. Makegory Circle Control of Address D5 Stw. Makegory Control of Address D5 Stw. Makegory Control office Address D6 Stw. Makegory Control office Add		10 10 10 10 10 10 10 10	Katherine Harris Secretary of State		
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The state of the s	10450 SW Mahosany Circle Cothe Cuthental Group, Ltd. Suite, Apt. #, etc.			4. Date Incorporated or Qualified	
7. Name and Address of Current Registered Agent Name Lavry D. Parks Ess. Single Agdrops is 0 Bos, Number is but Accordished the second file of the shown is but Accordished the seglistered Agent is application. State of the shown named corporation, and familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. Signature of Registered Agent Personal Precision of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. 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 (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name of Officers and/or Director Officer and/or Director Name of Officers and/or Director Officer and/or Director Name of Officers and/or Director	Man	ni Havita	Mani. Horida	6. CEDITIEICATE OF STATUS DESIDED S8.75 Additional Fee required	
Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	Name Lavy D. Maks. Fss. Street Address (R O Box, Number is Not Acceptable) Street Address (R O Box, Number is Not Acceptable) *****236.25 *****236.25 Suite, Apt. #, Etc. This is a state 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 Date Makes. Date				
PD Olga Scalley - H918 SW 16474 f. # 38 Miam! FL 33196 WD Martha Monsen 14906 SW 1848 f. # 51 Miam: FL 33196 SD Louise Abarca 1488 SW 16474 f. # 18 Miam: FL 33196 10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application. The receiver of the solution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees over the properties of the solution have been paid and the names of individuals listed on this form on out 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: Use of the corporate and the same legal effect as if made under oath.					
MD Martha Monsen 1496 SW 10484. #51 Mian; FL 33196 SD Louise Abarca 1488 SW 10484. #18 Mian; FL 33196 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 filling 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: Use 20. Scally 1000 305-251-5790	Titles		Officer and/or Directo	City / State / Zip	
SD Louise Abarca 1488 SW 1644 A. #18 Mica; FL 73196 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 filling 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:	PD	019a Scalley -	- 14918 SW 1644 St.	#38 Min FL 33196	
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