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DIALL INSTRUCTIONS REFORE COMPLETING THIS FORM

		PLEA	OE KEAD	ALL INST	RUCT	IONS	DEFORE C	OWFLETT	NG THIS FOR	XIVI.	Ū	U
REINSTATEMENT					DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FILED				
			THE STREET						10 HAY 17	AM RJ	UZ	
DOCUMENT # 1096 000 000 419 1. Corporation Name								SECRETARY OF STATES TAULAHASSEE, FLORIDA				
mangrove Action Group, Inc.									REINSTATEMENT 199			
Principal Office Address - No P.O. Box # 3. Mailing Office Address								900180986259 05/17/1001056005 **918.75				
<u>.</u>			sa Loop	_					CR2E081 (
Suite, Apt.	#, etc.		300 7	Suite, Apt. #,	Marissa Loop							
#	#1501 2150				/			Date Incorporated or Qualified To Do Business in Florida 01/24/1996				
City & State	City & State City & State							5. FEI Number Applied For				
Zip	aples,	1-6		Naple	5, FL	Countr		311466	355		Not App	dicable
ZIP 34	108	Country		3410	8	ļ.	y SA	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Add	fitional Fee ertificate of S	required Status
7. Name and Address of Current Registered Agent												
Name The reinstatement fee is imposed except in								t in				
Mary Mc Cean Johnson Street Address (PlO. Box Number is Not Acceptable)								circumstances which the entity did not receive				
Street Address (PtO. Box Number is Not Acceptable) 6573 Mari Ssa Loop								the prior notices. By checking this box, you				
Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement				
#1501				State Zip Code			fee be	waived.				
City	Na	ples				FL	34/08					
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 Mary Me of a Ost												
Registered Agent Me Tes. Alexandra Date 5-14-2010 REGISTERED AGENT MUST SIGN												
9. Names	s and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonpr	ofit corpo	rations must list at le	east 3 directors)				
Titles		Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
P	mar	4 11	ne Lean -	Tohnson	6573 Marissa Loop 1501 Naples, FL 34/08							
VP	1	v	Craven		6075 Pelican Bay Blud 703 Naples, FL 34/08							
7	Sheri	dan	Arnol									
'ک	KiL.	ias	Bruce		6101	' Pei	lican Bay	18/Vd.	Naples,			
D _	Mai	ry	Bolen						Naples, 1	E 34	108	
\bigcirc		V _	ravens		607	5 Pel	lican Bay	1 8/4/203	Naples.	434	108	
10. E-mail Address: MMTNet@aol.com												

11. 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

SIGNATURE: Mary Mc Lean Johnson Mary Mc Lean Signature and typed or printed name of signing officer or directory

owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.

IGNATURE: Mary McLean Johnson Play McLean Johnson Play McGofficer or Director Of Director Date

Daytime Phone #

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Mangrove Action Group , Inc. Corporation Reinstatement

Line 9. Board of Directors, cont.

D Estelle Fishbein	720 Turkey Oak Lane	Naples, FL 34108
D Bunny Levere	6573 Marissa Loop #705	Naples, FL 34108
D Cora Obley	802 Slashpine Ct	Naples, FL 34108
D Kay Potter	6001 Pelican Bay Blvd #PHC	Naples, FL 34108
D Linda Roth	7575 Pelican Bay Blvd #1204	Naples, FL 34108
D Len Rothman	6361 Pelican Bay Blvd #201	Naples, FL 34108