

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 22 AM 10:33

DOCUMENT # P00000046856

1. Corporation Name

MANGO FASHION, INC

2. Principal Office Address

12801 W. SUNRISE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

#733

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33323

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1006372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$37.50 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAHAMAN MAREV

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

12801 W. SUNRISE BLVD

500019736085

05/22/03--01/03--001 **908.75

Suite, Apt. #, Etc.

#733

City

SUNRISE

State

FL

Zip Code

33323

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
Registered Agent

Date 5-22-03

REGISTERED AGENT MUST SIGN

9. 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	City / State / Zip
PD	DAHAMAN MAREV	12801 W. SUNRISE BLVD #733	SUNRISE FL 33323
DV	DAHAMAN RAMI	12801 W. SUNRISE BLVD #733	SUNRISE FL 33323

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-22-03

Daytime Phone #

CR2E081 (10/02)