


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>FOR</b> REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:00

DOCUMENT # **P01000000610**

1. Corporation Name

**MAMBO CITY, INC.**

Principal Place of Business

Mailing Address

1969 SUNSET POINT RD.  
CLEARWATER FL 33765

1969 SUNSET POINT RD.  
CLEARWATER FL 33765



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3710558

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>PASQUORELLI, CORINNE</del>	<del>7058 TRISAIL CIR.</del>	<del>TAMPA FL 33607</del>
<del>D</del>	<del>ROGERS, ELEANOR</del>	<del>7058 TRISAIL CIR.</del>	<del>TAMPA FL 33607</del>
	PRES RUNGO, CORINNE	7058 TRYSAIL CIRCLE	
		TAMPA, FL 33607	
			000004717196--6
			12/10/01 01100-012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASQUORELLI, CORINNE  
7058 TRISAIL CIR.  
TAMPA FL 33607

Name  
**RUNGO, CORINNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7058 TRYSAIL CIRCLE**  
Suite, Apt. #, Etc.  
**1**  
City  
**TAMPA**  
State  
**FL**  
Zip Code  
**33607**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Corinne Rungo*

REGISTERED AGENT MUST SIGN

Date

11/10/01

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 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:

*Corinne Rungo* CORINNE RUNGO

Date

Daytime Phone #

11/10/01 727-445  
9755

CFR2040 (8/01)

November 10, 2001

FLA. DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FLORIDA 32314

RE: DOCUMENT # P01000000610

TO WHOM IT MAY CONCERN:

PURSUANT TO MY CONTACT WITH YOUR OFFICE, IT WAS DETERMINED THAT THE 2001 ANNUAL REPORT/ UNIFORM BUSINESS REPORT WAS NEVER FILED BECAUSE IT WAS NEVER RECEIVED AT MY PLACE OF BUSINESS.

I AM SUBMITTING THE APPLICATION FOR REINSTATEMENT AND THIS LETTER WITH A CHECK FOR \$150 TO COMPLY WITH THE REQUIREMENTS OF THE STATE OF FLORIDA.

I RESPECTFULLY REQUEST THAT AN EXCEPTION COULD BE MADE IN MY CASE, AND THAT REINSTATEMENT OF MY CORPORATION TAKE PLACE.

SINCERELY,

Connie Rungo