

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

06 JAN 27 PM 5:21

DOCUMENT # P03000001821

1. Corporation Name

THE MANGUS GROUP, INC.

2. Principal Office Address

410 Anastasia Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

410 Anastasia Blvd.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32080

Country

U.S.

Zip

32080

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 07, 2003

5. FEI Number

41-207-3409

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James A. Dennis

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

410 Anastasia Blvd.

200065079072

02/02/06--01020--028 ***1 (50.00)

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

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

James A. Dennis
REGISTERED AGENT MUST SIGN

Date

1-26-06

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
P	James A. Dennis	410 Anastasia Blvd.	St. Augustine, Florida 32080
VP	Debra L Dennis	611 Segovia Rd	St. Augustine, Florida 32086

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 contained in Chapter 119, 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:

James A. Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-06

Daytime Phone #