


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000058977</b> 1. Entity Name <b>MANGO'S CUBAN GRILL CORP.</b>			FILED 04 NOV -1 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>9050 S DIXIE HWY MIAMI, FL 33156</b>		Mailing Address <b>9050 S DIXIE HWY MIAMI, FL 33156</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 561991</b> Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State <b>PINECREST, FL</b>	
Zip 33156		Zip <b>33256-1991</b>	
Country FL		Country <b>USA</b>	
4. FEI Number <b>57-175559</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>YANIZ, RENE 9050 S DIXIE HWY MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>REINSTATEMENT</b> City, State, Zip Code <b>MIAMI, FL</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>YANIZ, RENE</b> <b>9050 S DIXIE HWY</b> <b>MIAMI, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041950479 10/18/04--01095--006 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <b>SONIA YANIZ</b> <b>9050 S. DIXIE HWY</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <b>JESSICA YANIZ</b> <b>9050 S. DIXIE HWY</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>JANESSA YANIZ</b> <b>9050 S. DIXIE HWY</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>JENNIFER YANIZ</b> <b>9050 S. DIXIE HWY</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>X Rene F. Yaniz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>10-15-04 (305)</b> Daytime Phone #: <b>213-9841</b>	
<b>RENE F. YANIZ</b>			