

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064898

1. Corporation Name

MONGOOSE, INC.

Principal Place of Business

~~4348 SW HULL AVE~~
ARCADIA FL ~~34268~~
US

Mailing Address

~~4348 SW HULL AVE~~
ARCADIA FL ~~34268~~
US

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

2. New Principal Office Address, If Applicable

5538 S.W. Hull Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

121 Dolly Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1993

5. FEI Number

65-0444169

Applied For

Not Applicable

City & State

Arcadia, Florida

City & State

Punta Gorda, Florida

Zip

34269

Country

US

Zip

33950

Country

US

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.
PD	DANIELS, MICHAEL A	3347 BROWN RD.	ARCADIA FL 33821
P	GASKINS, PATRICIA	121 DOLLY ST 5538 SW Hull Ave.	PUNTA GORDA FL 33980 Arcadia 34269
VP	GASKINS, GREGORY B	121 DOLLY ST	PUNTA GORDA FL 33950
D	HANCOCK, DANE	516 BONTONA AVE	FT LAUDERDALE FL 33301
VP	Randall Schlossin	5538 SW Hull Ave	Arcadia, FL 34269
D	Richard Cole	P.O. Box 1967 Highway 761	Arcadia, FL 34265

8. Name and Address of Current Registered Agent

GASKINS, PATRICIA
~~4348 SW HULL AVE~~
ARCADIA FL ~~34268~~

9. Name and Address of New Registered Agent

Name

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

5538 SW Hull Ave

Suite, Apt. #, Etc.

City

State

FL

Zip Code

34269

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

Patricia Gaskins
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/01

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:

Patricia Gaskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01

Daytime Phone #

863-494-6123

CR2E040 (8/01)