

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JUL 31 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059189

1. Corporation Name
Mango Apts., Inc.

2. Principal Office Address
P.O. Box 15854

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip Country
34277 USA

3. Mailing Office Address
P.O. Box 15854

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip Country
34277 USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/9/1994

5. FEI Number 650512997

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Simidian, Dikran V.

10000707843

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

8839 Sanderling Road

-08/13/02--01055

****300.00

-018

****300.00

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34242

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

REGISTERED AGENT MUST SIGN

Date 7/29/02

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/D	Simidian, Dikran V.	8839 Sanderling Road	Sarasota, FL 34242

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

Daytime Phone #

7/29/02 941-350-9655

CR2E081 (9/01)