PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

2. Principal Office Address

P.O. Box 15854



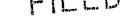
FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

3. Mailing Office Address

DOCUMENT # P94000059189

1. Corporation Name Mango Apts., Inc.



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA



2001-	2007	UBR

		7. Name a	and Address of Current I	Registered Agent	
34277	1 7	34277	USA	6. CERTIFICATE OF STATUS DESIRED ☐ S	8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country		Not Applicable
Saras	ota, FL	Sarasota, FL		5. FEI Number 650512997	Applied For
City & State		City & State		To Do Business in Florida	2/7/1994
•	•	İ		4. Date Incorporated or Qualified	219/1904
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		2001 20	NL VI
P.O.	Box 15854	P.O. Box	15854	12001-21	Y17)

stered Agent
10000707843
-08/13/0201055 ****300.00 ****3
State Zip Code

oration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 7/29/02 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Street Address of Each Officer and/or Director Titles Officers and/or Directors City / State / Zip PID 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 filling 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 accorate, and my signature shall have the same legal effect as if made under cath.

SIGNATURE:

SIGNATURE AND TYPET OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR