


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056339

1. Corporation Name
MANGO ISLAND CAFE, INC

Principal Place of Business 533 RUM ROAD N CAPTIVA ISLAND, FL	Mailing Address 17274 SAN CARLOS BLVD STE 202 FT MYERS BEACH, FL 33931
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
07/05/96

5. FEI Number
65-0677252

Applied For
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GARY T IANNELLI	24769 GOLD CREST DR	BONITA SPRINGS FL 34134
V	VICKIE L IANNELLI	24769 GOLD CREST DR	BONITA SPRINGS FL 34134
D	KRISTY A IANNELLI	24769 GOLD CREST DR	BONITA SPRINGS FL 34134

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-06/25/99--01060--001
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name EDWARD DALLAS		
Street Address (P.O. Box Number is Not Acceptable) 17274 SAN CARLOS BLVD STE 202		
Suite, Apt. #, Etc. SUITE 202		
City FT MYERS BEACH	State FL	Zip Code 33931

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

Edward Dallas

REGISTERED AGENT MUST SIGN

Date **JUNE 14, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(j), 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:

Gary Dammell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 14, 1999 (941)395-1500

Date Daytime Phone #

CR2E081 (12/98)