PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 23 AM 9:50

DOCUMENT # p96000075998

1. Corporation Name
Johnny Mangos Produce Inc

000067027650
03/03/06--01037--003 **1800.00
REINSTATEMENT 99-06

2. Principal Office Address	3. Mailing Office Address
3705 S Fed Hwy	2706 N Fed Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State: Delray Beach
Zip / County: PB	Zip: 33444 / County: PB

4. Date Incorporated or Qualified To Do Business in Florida: 9/12/1996

5. FEI Number: 650414690 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: T.N. Murphy, Jr. P.A.
Street Address (P.O. Box Number is Not Acceptable): 980 N. Federal Highway
Suite, Apt. #, Etc.: Suite 410
City: Boca Raton
State: FL
Zip Code: 33432

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 _____ Date 2/22/06
REGISTERED AGENT MUST SIGN

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
Pres	John Sculco Jr	22357 SW 57th Ct R	Boca Raton FL 33428
VP	DAN mehler	4117 NW 88 Ave #207	Coral Springs FL 33065

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 contained in Chapter 119, 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: _____ 2/22/06 5612764424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/28 aw