

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 AUG -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000091949

**1. Corporation Name**

Mango Two, Inc.

**2. Principal Office Address**

P.O. Box 15854

**3. Mailing Office Address**

P.O. Box 15854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34277

Country

USA

Zip

34277

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/27/1997

**5. FEI Number**

65-0790034

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**1998-2002 UBR**

**7. Name and Address of Current Registered Agent**

Name

Reinicke, Stephanie A.

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

1800 Second Street, Suite 803

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

**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

*[Signature]*  
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
POD	Simidian, Dikran V.	P.O. Box 15854	Sarasota, FL 34277

500007075595--9  
-08/13/02--01041--012  
\*\*\*\*750.00 \*\*\*\*750.00

**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

7/29/02 941-350-9655

Daytime Phone #

202

August 2, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 5327  
Tallahassee, Florida 32314

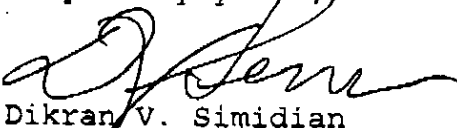
Re: MANGO TWO, INC.

Ladies/Gentlemen:

I am the President of Mango Two, Inc. Please be advised that I did not receive the corporate annual report for the years in question and was unaware of the dissolution. Please waive the \$600.00 reinstatement fee.

Please do not hesitate to contact me or my attorney Stephanie A. Reinicke at 941-366-1630 should you have any questions.

Very truly yours,



Dikran V. Simidian  
C/o Stephanie A. Reinicke  
1800 2<sup>nd</sup> Street, Suite 803  
Sarasota, FL 34236  
(941-350-9655)

cc: Stephanie A. Reinicke