

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 27 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091949

1. Corporation Name

Mango Two, Inc.

2. Principal Office Address

P O Box 15854
Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 15854
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**

10/27/97

5. FEI Number

65-0790034

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

Reinicke, Stephanie A.

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

1800 Second Street,

Suite, Apt. #, Etc.

Suite 803

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

Date

7-25-05

REGISTERED AGENT MUST SIGN STEPHANIE A. REINICKE

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.	P O Box 15854	Sarasota, FL 34277

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
DIKRAN V. SIMIDIAN

Date

7-25-05

Daytime Phone #

941-350-9655

CR2E081 (01/05)