

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000091906

1. Corporation Name

MANGO COMMUNICATIONS, INC.

Principal Place of Business

PO BOX 530753
MIAMI SHORES FL 33153

Mailing Address

PO BOX 530753
MIAMI SHORES FL 33153

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1998

5. FEI Number

65-0897967

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KELLER, BRIDGET G	11605 GRIFFING BLVD.	BISCAYNE PARK FL 33161
SPB	FEINBERG, MEREDITH W	541 N.E. 105TH ST	MIAMI SHORES FL 33153
	Greene, Kathryn		
			100003273321-3 -06/01/00--01049--017 ****908.75 ****908.75
			LS

8. Name and Address of Current Registered Agent

FEINBERG, MEREDITH W
541 N.E. 105TH ST.
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

Bridget G. Keller

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

3181 N.E. 165 STREET

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/23/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIDGET G. KELLER, PRESIDENT

2/23/00
Date

305.981.2122
Daytime Phone #

FILED

00 MAY 10 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-00

CR21010 (8/99)