

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -2 AM 11:42

DOCUMENT # P99000018064

1. Entity Name  
MANGO BEACH TATTOO, PIERCING & PIPES, INC.



Principal Place of Business  
11840 FRONT BEACH ROAD UNIT C  
PANAMA CITY BEACH, FL 32407

Mailing Address  
11840 FRONT BEACH ROAD UNIT C  
PANAMA CITY BEACH, FL 32407

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

P.O. Box 9377

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282006

REIN-P

CR2E098 (11/05)

City & State

City & State

PCB FL

4. FEI Number

59-3563440

Applied For

Not Applicable

Zip

Country

Zip

32417

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLEBAUM, STEVEN L  
9108 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32408

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SADEH, DANNY  
11840 FRONT BEACH ROAD UNIT C  
PANAMA CITY BEACH, FL 32407

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400078487614  
08/08/06--01068--008 \*\*300.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Danniel Sadeh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/04

Date

850-2761835

Daytime Phone #