PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIC	ATION		RTMENT OF STATE	Elien .					
FOR Katherine Harris				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS			TALLAHASSEE, FLORIDA						
DOCUMENT # P9900083701 1. Corporation Name				01 OCT 18 PH 12: 04					
MANGOS REALTY SERVICES, INC.									
IVIANGOS RE	EALIT SERVICES,	inc.							
Principal Place of Business Mailing Address				-					
2663 AIRPORT ROAD SOUTH D-110		2663 AIRPORT ROAD SOUTH D-110							
NAPLES FL 34112		NAPLES FL 34112		T INCLINENT THE IELIA HESTA OLISIA SENIS SENIS BRITCH FORMA TISTIS HEBIT BRITCH FROM					
				DETRICTATERIES OF					
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.				REINSTATEMENT O					
				4. Date Incorporated or Qualified To Do Business in Florida 09/20/1999					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For					
City & State		City & State		59-3599476 Not Applicable					
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names and Stree	et Addresses of Each Officer and	or Director (Florida nonpr							
Title(s) Name of Officers and/or Directors		Street Address of Eacl Officer and/or Director							
	T, EDWARD R JR		H STREET S., PH-II	NAPLES FL 34102					
				6000046640763					
				-11/02/0101035022					
				****750.00 *****750.00					
				SP					
		}							
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
BRYANT, EDWARD R JR				(P.O. Box Number is Not Acceptable)					
700 11TH STREET S PH-II			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34102			Suite, Apt. #, Etc.						
City State Zip Code									
10. I, being appointed the registered agent of the above named corporation, am fa/hilliar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agent Must sign Date 10/15/M									
					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 filling				
					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 circumure shall have the same legal effect as if made under eath									
	// /n//	d .		(991)					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									