PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 03 R

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 13 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/13/02--01019--018 **61.25

DOCUMENT # N01000004927

1. Corporation Name

MITCHELL FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
11745 UNICORN ROAD TAMPA FL 33637	11745 UNICORN ROAD TAMPA FL 33637

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: 07/12/2001

5. FEI Number: 59-3741243 ☐ 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
PTD	MITCHELL, CHARLES R	11745 UNICORN ROAD	TAMPA FL 33637
VSD	MITCHELL, MARGARET	11745 UNICORN ROAD	TAMPA FL 33637
TD	MITCHELL, J. QUINN	2904 W. ANELES	TAMPA FL 33629

8. Name and Address of Current Registered Agent

MITCHELL, CHARLES R
11745 UNICORN ROAD
TAMPA FL 33637

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: CHARLES R MITCHELL Date: 10/31/02
REGISTERED AGENT MUST SIGN

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: CHARLES R MITCHELL 10/31/02 (813) 985-2642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MITCHELL FAMILY FOUNDATION

11745 UNICORN RD.
TAMPA, FLORIDA 33637

October 31, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Ref: Your Document No. 1000004927

Gentlemen:

Enclosed is our check for $61.25 for reinstatement of our above not-for-profit corporation with the reinstatement fee being waived.

We did not receive the two prior uniform business report (UBR) notices. We share a rural mailbox that has had problems during the past year.

Thank you for your consideration.

Sincerely,

MITCHELL FAMILY FOUNDATION, INC.

Charles R. Mitchell, President