

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004927 1. Entity Name MITCHELL FAMILY FOUNDATION, INC.						FILED 05 OCT 10 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 					
Principal Place of Business 11745 UNICORN ROAD TAMPA, FL 33637				Mailing Address 11745 UNICORN ROAD TAMPA, FL 33637							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10052005 REIN-NP CR2E098 (6/04)		4. FEI Number 59-3741243		Applied For ☐ Not Applicable			
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MITCHELL, CHARLES R 11745 UNICORN ROAD TAMPA, FL 33637		7. Name and Address of New Registered Agent 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 <u>CHARLES R. MITCHELL, Charles R. Mitchell</u> <u>OCT. 5, '05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MITCHELL, CHARLES R 11745 UNICORN ROAD TAMPA, FL 33637			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060458635 10/11/05--01002--012 **236.25			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MITCHELL, MARGARET 11745 UNICORN ROAD TAMPA, FL 33637			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, QUINN J 1210 E. CLIFTON ST. TAMPA, FL 33604			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: <u>CHARLES R. MITCHELL Charles R. Mitchell</u> <u>10/5/05 813</u> <u>985-2642</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											