

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

02 JAN -7 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 190223

1. Corporation Name

MITCHELL BUILDERS INC

Principal Place of Business

Mailing Address

GEORGE MITCHELL  
2301 GREEN WAY SOUTH  
ST PETERSBURG FL 33712

GEORGE MITCHELL  
2301 GREEN WAY SOUTH  
ST PETERSBURG FL 33712

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

01/21/1956

5. FEI Number

59-0763141

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	MITCHELL, GEORGE	2301 GREEN WAY, SOUTH	ST PETERSBURG FL
DV	<del>ELLIS, EMMETT M.</del> SHERMAN, WILLIAM S.	<del>350 PINELEAF BAYWAY</del> 5914 Bayou way So.	<del>ST PETERSBURG FL</del> ST. PETERSBURG, FL
D	MITCHELL, MARJORIE A.	2301 GREEN WAY SO.	ST PETERSBURG FL
			200004884152--0 -02/07/02--01002--025 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MITCHELL, GEORGE  
2301 GREEN WAY SO  
ST PETERSBURG FL 33712

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

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

*George Mitchell*  
REGISTERED AGENT MUST SIGN

Date 1-4-02

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:

*George Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02  
Date

721-861-0222  
Daytime Phone #

CR2E040 (8/00)