

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 434496

1. Corporation Name

The Mitchell Corporation of Florida

2. Principal Office Address - No P.O. Box #

41 West I-65 Service Road North

3. Mailing Office Address

P.O. Box 160306

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Mobile, AL

City & State

Mobile, AL

Zip

36608

Country

USA

Zip

36616

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
October 3, 1973

5. FEI Number

63-0655786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen R. Moorhead

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

127 Palafox Place

Suite, Apt. #, Etc.

Suite 500

City

Pensacola

State

FL

Zip Code

32502

000283816970
03/25/16--01035--013 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/9/2016

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP / D	Donald P. Kelly	41 West I-65 Service Road North, Suite 300	Mobile, AL 36608
P / D	John B. Saint	41 West I-65 Service Road North, Suite 300	Mobile, AL 36608
VP	Stephen J. Schuhmann	41 West I-65 Service Road North, Suite 300	Mobile, AL 36608

REINSTATEMENT

2013-2015

S. HAWKES

MAR 28 A.M.

EXAMINER

10. E-mail Address: manderson@mitchellcompany.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Stephen J. Schuhmann

3-9-2016

(850) 433-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #