

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008939740
11/12/02--01103--017 **150.00

DOCUMENT # 480533

1. Corporation Name

BOB MITCHELL ASSOCIATES, INC.

Principal Place of Business

11717 UNICORN ROAD
TAMPA FL 33637
US

Mailing Address

11717 UNICORN ROAD
TAMPA FL 33637
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1975

5. FEI Number

59-1818132

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MITCHELL, CHARLES R	11745 UNICORN RD	TAMPA FL 33637
STD	MITCHELL, MARGARET J	11745 UNICORN RD	TAMPA FL 33637

8. Name and Address of Current Registered Agent

MITCHELL, CHARLES R
11717 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

SIGNATURE REQUIRED
CHARLES R. MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)
10/31/02 985-2642

BOB MITCHELL ASSOCIATES, INC.

ELECTRICAL POWER SYSTEMS

11717 UNICORN RD. TAMPA, FLORIDA 33637
(813) 985-2642 FAX: (813)989-3222 bobmitchellassoc@aol.com

October 31, 2002

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

Ref: Your Document No. 480533

Gentlemen:

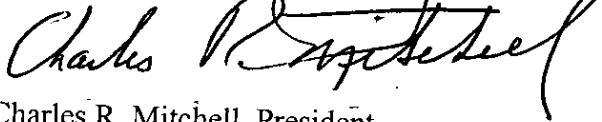
Enclosed is our check for \$150.00 for reinstatement of our above corporation with the reinstatement fee being waived.

We did not receive the two prior uniform business report (UBR) notices. During the past year we have had constant problems with mail missing and we presumed to be stolen, our rural mailbox damaged, etc.

Thank you for your consideration.

Sincerely,

BOB MITCHELL ASSOCIATES, INC.



Charles R. Mitchell, President