FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 APR 10 PM 4:14

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 APR 10 PM 4:38

DOCUMENT # 823141

1. Corporation Name

W. R. MITCHELL, CONTRACTOR, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
704 S. Shelton Beach Rd.	P.O. Box 180637
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EIGHT MILE, AL.	City & State: MOBILE, AL.
Zip: 36613 Country: U.S.	Zip: 36618 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/69

5. FEI Number: 63-0572549 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 PINE ISLAND RD.

Suite, Apt. #, Etc.:

City: PLANTATIONS State: FL Zip Code: 33324

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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: Terence Hardley Asst. Secretary
REGISTERED AGENT MUST SIGN

Date: 4/3/2012

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
Pres.	Sharon Kay Williams	5820 College Parkway	Eight Mile, Al. 36613
V.P.	Greg Haggard	2939 Crabtree Ln. East	Mobile, Al. 36618
Sec.	Jayne Mitchell	5150 College Parkway	Eight Mile, Al. 36613

10. E-mail Address: mitchellwrcontra@bellsouth.net
(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: Sharon Kay Williams 4/3/12 251-456-65[illegible] BUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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