

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
MITRALSOLUTIONS, INC.**

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Corporate Filing Menu

Help

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 09 NOV 18 AM 10:15	
DOCUMENT # F05000005331					
1. Corporation Name MITRALSOLUTIONS, INC.					
2. Principal Office Address - No P.O. Box # 1700 Las Olas Boulevard		3. Mailing Office Address 1700 East Las Olas Boulevard			
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33301	Country USA	Zip 33301	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/06/2005	
5. FEI Number 201362385				Applied For ☐ Yes ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
7. Name and Address of Current Registered Agent					
Name Young, Frank L.					
Street Address (P.O. Box Number is Not Acceptable) 1115 Country Club Prado					
Suite, Apt. #, Etc.					
City Coral Gables		State FL	Zip Code 33134		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.					
Signature of Registered Agent _____ Date <u>November 17, 2009</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
	See Attached				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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: <u>JAMES L. GREENE</u>		Date: <u>10-11-09</u>		Daytime Phone #: <u>44(1789)264-653</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment to
Corporation Reinstatement
of

MITRALSOLUTIONS, INC.
(Document # F05000005331)

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
D/CEO	James L. Greene	Gretal House, Cottage Lane, Shottery	Stratford Upon Avon, Warwickshire CV37 9RL United Kingdom
D	Peter J. Fitzgerald	165 Canyon Drive	Portola Valley, CA 94028
D	David Singer	c/o Maverick Capital, Ltd., 300 Crescent Court, 18th Floor	Dallas, TX 75201
D	Lisa Skeete Tatum	c/o Cardinal Partners, 600 Alexander Park, Suite 204	Princeton, NJ 08540