

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


11 FEB -9 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700188860707  
12/20/10--01041--001 \*\*750.00  
12/20/10--01041--001 \*\*750.00

10 CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F66302**

1. Corporation Name  
**Q MITCHELL NURSERY  
2816 West Sunrise Blvd  
Fort Lauderdale, FL 33311**

2. Principal Office Address - No P.O. Box #  
**2816 West Sunrise Blvd**

3. Mailing Office Address  
**2816 West Sunrise Blvd**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33311** Country  
**USA**

Zip  
**33311** Country  
**USA**

4. Date incorporated or Qualified To Do Business in Florida  
**1982**

5. FEI Number  
**59-2389720**  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  
**Quilone Mitchell**

Street Address (P.O. Box Number is Not Acceptable)  
**3041 NW 5 Court**

City, State, Zip  
**Fort Lauderdale FL 33311**

**REINSTATEMENT**

8. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of Registered Agent  
**Quilone Mitchell** Date **2/7/2011**

REGISTERED AGENT MUST SIGN

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	Quilone Mitchell	3041 NW 5 Court	Fort Lauderdale FL 33311
VIS Pres.	Michael Mitchell	2936 NW 8 Pl.	Fort Lauderdale, FL 33311
Sec.	ATHLETIC BROWN	2936 NW 8 Place	Fort Lauderdale FL 33311

E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

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: **Quilone Mitchell** President Date **2/7/2011** 584-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #