

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 FEB 25 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **f97000001552**

1. Corporation Name

**E.R. MITCHELL & COMPANY**

Principal Place of Business

Mailing Address

**7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819**

**REINSTATEMENT**

**98-99  
ad**

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

2. New Principal Office Address, If Applicable  
**7380 SAND LAKE ROAD**

3. New Mailing Office Address, If Applicable  
**7380 SAND LAKE ROAD**

Suite, Apt. #, etc.  
**SUITE 500**

Suite, Apt. #, etc.  
**SUITE 500**

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

Zip  
**32819** Country  
**ORANGE**

Zip  
**32819** Country  
**ORANGE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-26-97**

5. FEI Number  
**581758054**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	E.R. MITCHELL, JR.	2875 BANKHEAD HIGHWAY	ATLANTA, GA 30318
SEC.	CYNTHIA MITCHELL	2875 BANKHEAD HIGHWAY	ATLANTA, GA 30318
TREAS.	RUTH MITCHELL	2875 BANKHEAD HIGHWAY	ATLANTA, GA 30318

**200002792772-0  
-03/03/93--01004--014  
\*\*\*\*908.75 \*\*\*\*908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CSC  
1201 HAYS  
TALAHASSEE, FL 32301**

Name  
**E.R. MITCHELL, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7380 SAND LAKE ROAD**  
Suite, Apt. #, Etc.  
**SUITE 500**  
City  
**ORLANDO**

State  
**FL** Zip Code  
**32819**

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **2/23/99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(j), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/99**

Date

**404/799-1111**  
Daytime Phone #

CP2E081 (12/98)