

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G52663

1. Corporation Name

MITCHELL'S SAND CASTLES, INC.

2. Principal Office Address

15640 LAKE CANDLEWOOD DR.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33908

Country

U.S.A.

3. Mailing Office Address

15640 LAKE CANDLEWOOD DR.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33908

Country

U.S.A.

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REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 09/01/1983

5. FEI Number

59-2309293

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

MITCHELL, BARBARA ANN

Street Address (P.O. Box Number is Not Acceptable)

15640 LAKE CANDLEWOOD DR.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

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

Barbara Mitchell

Date

4/13/84

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
SD	ROXANNE PALMER	11297 SUMMER WINDS COURT	FORT MYERS, FL 33908
PD	BARBARA A. MITCHELL	15640 LAKE CANDLEWOOD DR.	FORT MYERS, FL 33908
D	BRUCE MILLER	15640 LAKE CANDLEWOOD DR.	FORT MYERS, FL 33908
D	CAROLYN MILLER	15640 LAKE CANDLEWOOD DR.	FORT MYERS, FL 33908

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 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:

Carolynn Miller Carolynn Miller

Date

4/13/04

Daytime Phone #

CR2E081 (01/04)