PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR 24 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12000001601

1 Limited Liability Company's Name
The Mitchell Company Of Central Florida, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
41 West I65 Service Road North	P. O. Box 161049
Suite, Apt. #, etc.	Suite, Apt. #, etc.
300	
City & State	City & State
Mobile, AL	Mobile, AL
Zip / Country	Zip / Country
36608 / USA	36616-1306 / USA

4. State/Country of Formation: Alabama

5. Date Organized or Qualified To Do Business in Florida: 03/19/2012

6. FEI Number: 27-4722481 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Frank Gammon

Street Address (P.O. Box Number is Not Acceptable) Suite,: 10604 Crescent Lake Court

Apt. #, Etc:

City: Clermont | State: FL | Zip Code: 34711

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03/24/15--01036--013, **238.75

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 3/19/15

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	Donald P. Kelly, Jr.	41 W. I65 Service Road N., Suite 300	Mobile, AL 36608
	MAR 2 7 2015		
	L. SELLERS	REINSTATEMENT 2015	

11. E-mail Address: manderson@mitchellcompany.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member _____ Date 03/19/2015 Daytime Phone # (251)380-2929

Typed or printed name of signing authorized representative/member: Donald P. Kelly, Jr.