

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 10 PM 12:56

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000006550**

**1. Corporation Name**

**MITCHELL'S HOUSE OF CARE INC.**

**2. Principal Office Address - No P.O. Box #**

**115 CLIFTON ROAD**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

**WEST PARK**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FL**

City & State

Zip

**33023**

Country

Zip

Country

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**06/19/2006**

**5. FEI Number**

☒ 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

**PEARLENE MITCHELL**

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

**115 CLIFTON ROAD**

Suite, Apt. #, Etc.

**WEST PARK**

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33023**

☒ 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.

**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

*Pearlene Mitchell*

Date **09-09-09**

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
P/D	PEARLENE MITCHELL	115 CLIFTON ROAD WEST PARK	HOLLYWOOD, FL 33023

**REINSTATEMENT**

*07-09*

**500160546815**  
**09/10/09--01007--018 \*\*183.75**

**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 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:**

*Pearlene Mitchell*

**PEARLENE MITCHELL**

**09-09-09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEP 10 2009