

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006550

FILED  
Jul 18, 2011  
Secretary of State

Entity Name: MITCHELL'S HOUSE OF CARE INC.

**Current Principal Place of Business:**

115 CLIFTON ROAD  
WEST PARK  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

115 CLIFTON ROAD  
WEST PARK  
HOLLYWOOD, FL 33023

**New Mailing Address:**

FEI Number: 20-5132494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MITCHELL, PEARLENE  
115 CLIFTON ROAD  
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PEARLENE MITCHELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MITCHELL, PEARLENE  
Address: 115 CLIFTON ROAD WEST PARK  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP  
Name: MITCHELL, FRANKLIN G  
Address: 115 CLIFTON ROAD WEST PARK  
City-St-Zip: HOLLYWOOD, FL 33023

Title: SEC  
Name: DURANT, LINROY  
Address: 115 CLIFTON ROAD WEST PARK  
City-St-Zip: HOLLYWOOD, FL 33023

Title: TRUS  
Name: CHIN, CHRISTOPHER  
Address: 10461 SW 163RD STREET  
City-St-Zip: MIAMI, FL

Title: TREA  
Name: GOFF, JUDITH  
Address: 20157 NW 38 AVE  
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEARLENE MITCHELL

CEO

07/18/2011

Electronic Signature of Signing Officer or Director

Date