

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

DOCUMENT # N96000005996

1. Corporation Name

The Jeff Mitchell Foundation, Inc.

218 N. Broad Street
108 Janelle Lane

2. Principal Office Address

218 N. Broad Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32201

Country

USA

3. Mailing Office Address

108 Janelle Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

USA

REINSTATEMENT

99-04
MRS

4. Date Incorporated or Qualified.

To Do Business in Florida -- November-19, 1996 -

5. FEI Number

59-3446068

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

R. Glen Mitchell

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

218 N. Broad Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

R. Glen Mitchell

REGISTERED AGENT MUST SIGN

Date 8 DEC 2004

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
D	Glen Mitchell	108 Janelle Lane	Jacksonville, FL 32211
D	Margaret Mitchell	108 Janelle Lane	Jacksonville, FL 32211
D	Jane T. Schmidt	4526 Oak Bay Dr. W.	Jacksonville, FL 32277

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. GLEN MITCHELL

Date

8 DEC 2004 904/721-3326

Daytime Phone #