

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
John J. W. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 24 AM 8:01

**DOCUMENT #** P01000003390

**1. Corporation Name**

Mitigation Associates, Inc.

**2. Principal Office Address**

P. O. Box 163193

Suite, Apt. #, etc.

**City & State**

Altamone Springs, FL

**Zip**

32716

**Country**

Seminole

**3. Mailing Office Address**

(Same)

Suite, Apt. #, etc.

**City & State**

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

Jan 9, 2001

**5. FEI Number**

59-3719293

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **7. Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

Glenn D. Storch

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

420 South Nova Road

**Suite, Apt. #, Etc.**

Daytona Beach, FL 32114

**City**

**State**  
FL

**Zip Code**  
32114

**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**

REGISTERED AGENT MUST SIGN

**Date** 12-15-02

**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
Pres	Stuart Bradow	201 Sheryl Dr	Deltona, FL 32738
Sec. Tres	Steve Nielsen	465 Hidden Ridge Dr.	Deltona, FL 32728

**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:**

Steve Nielsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/02

**Date**

407 260 0883

**Daytime Phone #**

CR2E081 (9/01)

12/31/02 ad



**Mitigation Associates, Inc.**

P.O. Box 163193 Altamonte Springs, FL 32716-3193  
Ph. 321 436 1370 Fax 386 574 4609

December 16, 2002

Florida Department of State  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement

Please find enclosed the completed Corporation Reinstatement form for Mitigation Associates, Inc. Also included is a check for \$150.00 as payment of the Annual Report Fee (\$61.25) and Corporate Supplemental Fee (\$88.75).

Mitigation Associates, Inc. is asking for waiver of the \$750.00 Reinstatement Fee. The corporation did not receive notice for filing the Annual Report earlier in the year. Please note the mailing address for the corporation as listed on the Corporation Reinstatement form. If this is not the address of record then it should be changed to reflect the correct address.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Steve Nielsen".

Steve Nielsen  
Secretary/Treasurer  
M.A.I.