

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000038603**

1. Corporation Name

MITCHELL VALVE PRODUCTS, INC.

Principal Place of Business

Mailing Address

7630 OAK GROVE CIRCLE
LAKE WORTH FL 33467

7630 OAK GROVE CIRCLE
LAKE WORTH FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2896 QUANTUM LAKES DRIVE
Suite, Apt. #, etc.

2896 QUANTUM LAKES DRIVE
Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

Zip
33426

Country

Zip
33426

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 15 PM 3:01

REINSTATEMENT

03-04



800028275928

02/05/04--01029--017 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2001

5. FEI Number

65-1096616

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	MITCHELL, ANGELA P.	7630 OAK GROVE CIRCLE 2896 QUANTUM LAKES DR.	LAKE WORTH FL 33467 BOYNTON BEACH, FL 33426
VT	MITCHELL, GIRARD V.	7630 OAK GROVE CIRCLE 2896 QUANTUM LAKES DR.	LAKE WORTH FL 33467 BOYNTON BEACH, FL 33426

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MITCHELL, GIRARD
7630 OAK GROVE CIRCLE
LAKE WORTH FL 33467

Name

GIRARD MITCHELL

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

2896 QUANTUM LAKES DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-7-04

11. 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]

GIRARD MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/04

Daytime Phone #

561-964-4344

CR2E040 (7/03)