2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156639

1. Entity Name
JMITCH, INC.

Principal Place of Business	Mailing Address
22813 NW 215TH TERRACE	22813 NW 215TH TERRACE
HIGH SPRINGS, FL 32643	HIGH SPRINGS, FL 32643

10152007   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 20-0856562	Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
MITCHELL, JOHN A 22813 NW 215TH TERRACE HIGH SPRINGS, FL 32643	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   **(NOTE: Registered Agent signature required when reinstating)**   DATE

FILE NOW!!! FEE IS $150.00 After January 1, 2008, Fee will be $300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN A 22813 NW 215TH TERRACE HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 0001109866180 10/16/07--01058--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   10/13/07   (352) 818-3912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

10/17