2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 23 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000160640

1. Entity Name
NEWMAN & MITCHELL PA

Principal Place of Business	Mailing Address
550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202	550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202

11072005 REIN-P CR2E098 (6/04) NA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2423267 ☐ Applied For ☐ Not Applicable

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, HAROLD W 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202	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: Jarahn Newman Harold W. Mitchell DATE

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

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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 NEWMAN, JARAHN M 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300061304693 11/09/05--01063--014 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, HAROLD W 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HM 11/23	☐ 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 11/6/05

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