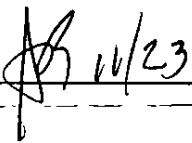


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 23 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000160640					
1. Entity Name NEWMAN & MITCHELL PA					
Principal Place of Business 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202			Mailing Address 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202		
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	
5. Certificate of Status Desired ☐				☒ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent MITCHELL, HAROLD W 550 WATER STREET, SUITE 1379 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
			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 <u>Jarahn Newman</u> <u>Harold W. Mitchell</u>					
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					
TITLE	D NEWMAN, JARAHN M ☐ Delete				
NAME	550 WATER STREET, SUITE 1379				
STREET ADDRESS	JACKSONVILLE, FL 32202				
CITY-ST-ZIP					
TITLE	D MITCHELL, HAROLD W ☐ Delete				
NAME	550 WATER STREET, SUITE 1379				
STREET ADDRESS	JACKSONVILLE, FL 32202				
CITY-ST-ZIP					
TITLE	 ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME	300061304693				
STREET ADDRESS	11/09/05--01063--014 **150.00				
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <u>[Signature]</u> <u>11/6/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR					