


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;">2010 CORPORATION REINSTATEMENT ANNUAL REPORT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: right;">FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 MAY -4 AM 8:15 200180277202 05/04/10--01048--014 **150.00</div>	
DOCUMENT # <u>P0600090265</u>			
1. Corporation Name <u>Mitchell Paving Corp.</u>			
2. Principal Office Address - No P.O. Box # <u>600 NW 17 St.</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Pompano Beach FL</u>		City & State 	
Zip <u>33060</u>	Country <u>USA</u>	Zip 	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida <u>2006</u>	
Name <u>Lee B. Mitchell</u>		5. FEI Number <u>83-0462061</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>600 NW 17 Street</u>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. 		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City <u>Pompano Beach</u>		PROFIT CORPORATIONS ONLY <input type="checkbox"/> The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
State <u>FL</u>	Zip Code <u>33060</u>		
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 <u>Lee B. Mitchell</u>		Date <u>4/29/10</u>	
REGISTERED AGENT MUST SIGN			
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
<u>PT</u>	<u>Lee B. Mitchell</u>	<u>600 NW 17 St.</u>	<u>Pompano FL 33060</u>
<u>VPS</u>	<u>Tanya Nims-Mitchell</u>	<u>600 NW 17 St.</u>	<u>Pompano FL 33060</u>
10. E-mail Address: <u>JMCCLSVS@AOL.com</u> <small>(To be used for future annual report notification)</small>			
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. I further certify, 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: <u>Lee B. Mitchell</u> <u>Lee B. Mitchell</u> <u>4/29/10 (754) 306-0690</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			