2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JUN -3 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000123489

1. Entity Name
MITCHELL FLOORING OF NORTH FLORIDA INC.

Principal Place of Business	Mailing Address
108 EAST KANSAS AVE BONIFAY, FL 32425	108 EAST KANSAS AVE BONIFAY, FL 32425

REINSTATEMENT 05272009 REIN-P CR2E098 (1/07) 06-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-1416423 ☐ 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, JUSTIN B 108 EAST KANSAS AVE BONIFAY, FL 32425	Name: Justin Blake Mitchell Street Address (P.O. Box Number is Not Acceptable): 108 E Kansas Ave City: Bonifay FL Zip Code: 32425

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

FILE NOW!!! FEE IS $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	P MITCHELL, JUSTIN B 108 EAST KANSAS AVE BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200156722702 06/03/09--01006--022 **300.00
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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: Justin B Mitchell Justin B Mitchell May 27 09 850-373-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #