

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
108 EAST KANSAS AVE
BONIFAY, FL 32425

Mailing Address
108 EAST KANSAS AVE
BONIFAY, FL 32425

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 P
NAME MITCHELL, JUSTIN B
STREET ADDRESS 108 EAST KANSAS AVE
CITY-ST-ZIP BONIFAY, FL 32425

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CITY-ST-ZIP

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 #