

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 PM 2:07

DOCUMENT # P93000032574

1. Corporation Name

Mitchess Construction Inc

2. Principal Office Address

247 DONNA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

247 DONNA LANE

Suite, Apt. #, etc.

City & State

N Ft Myers FL

Zip

33917

Country

Lee

City & State

N Ft Myers FL

Zip

33917-3013

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

5-4-93

5. FEI Number

65-0386043

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID MITCHESS

500004638365-4

Street Address (P.O. Box Number is Not Acceptable)

247 DONNA LANE

-10/16/01-01036-0.8

****150.00 ****150.00

Suite, Apt. #, Etc.

City

N Ft Myers

State

FL

Zip Code

33917-3013

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

David W. Mitchess

REGISTERED AGENT MUST SIGN

Date 9-25-01

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
PD	DAVID MITCHESS	247 DONNA LANE	N Ft Myers, FL 33917-3013

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

David Mitchess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-25-01

Daytime Phone #

CR2E001 (9/00)



BUSINESS SERVICES INC.



September 25, 2001

**Department of State
Divisions of Corporations
P O Box 6327
Tallahassee, FL 32314**

**RE: Document #P93000032574
Mitckess Construction Inc**


To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 to pay for the year 2001 Uniform Business Report. For the last couple of years, Mitckess Construction has been having trouble receiving these reports.

We are asking that the State waive the penalty of \$600.00 for this year. If you look at the report for 1999, a change of address was submitted for the registered agent. The change was to be: 247 Donna Lane, N Ft Myers, FL. Last year without realizing it, Mr. Mitckess signed the report as it was. The correct address should be: 247 Donna Lane, N Ft Myers, FL, not only for the corporation but the registered agent as well.

We appreciate any help you can give us. If you have any questions, please call our office Monday thru Thursday, 7:30 to 5:00. The number is: 941-997-2299. Thank you.

Sincerely:


**Teresa Beardmore
Accountant**

Enclosure: Check #3479

**CC: Mitckess Construction
File**