

2004AR

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 8:00

DOCUMENT # P93000038674

1. Corporation Name
MITCHELL DEVELOPMENT AND TRAINING CORPORATION
INC.

2. Principal Office Address
3161 ENSENADA WAY

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33025

Country
Broward

3. Mailing Office Address
3161 ENSENADA WAY

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33025

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida
5-26-1993

5. FEI Number
65-0415403

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Johnnie Mitchell
Street Address (P.O. Box Number is Not Acceptable)
3161 ENSENADA WAY
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33025

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
Johnnie Mitchell
Date
5-18-2004
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
P	Johnnie Mitchell	3161 ENSENADA WAY	MIAMI FL 33025
V.P.	Bernard Mitchell	6025 S.W. 37th ST	MIAMI FL 33024

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: Johnnie Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
5-18-2004
Daytime Phone #

CR2E081 (10/02)

292

PLEASE WAIVING LATE FEE DIDN'T GET FORM
IN TIME.
TAKE TO M-LT SCOTT.

2004AR

THANK YOU MUCH
Johanne Mitchell