

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000061734

1. Corporation Name

Steven J. Mitchel & Associates, P.A.

Principal Place of Business

Mailing Address

100 S.E. 2nd Street
Suite 2990

(same)

Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

2997 Day Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2997 Day Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

9/3/93

5. FEI Number

65-0430312

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Miami, FL

Zip
33133

Country

USA

City & State

Miami, FL

Zip
33133

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Steven J. Mitchel	2997 Day Avenue	Miami, FL 33133

REINSTATEMENT

98-99 TB. 2/2/99

5.000027665.95--4

-02/05/99--01118--007

****150.00 ****150.00

5.000027665.95--4

-02/05/99--01118--008

****750.00 ****750.00

8. Name and Address of Current Registered Agent

Steven J. Mitchel
2997 Day Avenue
Miami, FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/12/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN MITCHEL 1/12/99

Date

(305) 447-9900

Daytime Phone #