


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 14 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300064447

1. Corporation Name

Mitch Dan, Inc.

2. Principal Office Address

350 Old Boston Rd

3. Mailing Office Address

P.O. Box 5748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville, GA

City & State

Thomasville, GA

Zip

31792

Country

USA

Zip

31758

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/15/1993

5. FEI Number

59-3216526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Gary A. Shipman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2057 Delta Way

200048847382

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 6C7.0505 or 617.0503, F.S.

Signature of Registered Agent



Date

3/8/05

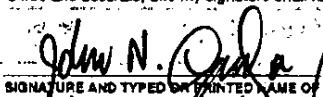
REGISTERED AGENT MUST SIGN

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	Lela McCarty Mitchell	Rt. 1, Box 445	Thomasville, GA
V.P	John N. Daniel, III	Rt. 2, Box 445	Thomasville, GA
D	Patricia B. Durrance	3055 Cone Rd.	Thomasville, GA

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 6C7.0401 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)(b), 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:

 / JOHN N. DANIEL, III

Date

2/17/05

Daytime Phone #

229-227-9788

CH22681 (07/05)