

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000058916**

1. Corporation Name

MITCHELL PROJECT MANAGEMENT, INC.

300163192843
12/01/09--01002--001 **308.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

305 DEAN RIDGE CIR.

3. Mailing Office Address

305 DEAN RIDGE CIR.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

PALM HARBOR FL

City & State

**PALM HARBOR
FLORIDA**

Zip

34683

Country

USA

Zip

34683

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/95

5. FEI Number

59.3235190

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

MICHAEL S. MITCHELL

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

305 DEAN RIDGE CIR.

Suite, Apt. #, Etc.

101

City

PALM HARBOR FL

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **11/23/09**

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
PRESIDENT	MICHAEL S. MITCHELL	305 DEAN RIDGE CIR SUITE 101	PALM HARBOR FL 34683

10. E-mail Address:

MPM MITCHELL @ AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

11/23/09

Date

Daytime Phone #

727-420-9192

308.75

HH