CORPORATION	JN.
,	
REINSTATEME	ENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCUMENT # P97000041409

1. Corporation Name

Mitts & Company, Inc.

FILLU

SCHETARY OF STATE

WISION OF CORPORATION

00 JUN -7 AM 11:40

2. Principal Office Address 156 Grandview Ave.		3. Mailing Office Address PO Box 487		REINSTATEMEN	REINSTATEMENT 98-00	
Suite, Apt. #, etc.)	Suite, Apt. #, etc.		4. Date Incorporated or Qualified		
City & State		City & State		To Do Business in Florida 5/6/97		
Nanuet NY		Nanuet NY		5. FEI Number	Applied For	
7.				59-3549009	Not Applicable	
Zip Country USA	i	Zip 10954	Country		Additional Fee required a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Timothy Jon Mitts	1.00003310891 		
Street Address (P.O. Box Number is Not Acceptable) 5934 Bent Pine Drive	 		
Suite, Apt. #, Etc.			
City Orlando	State Zip Code FL 32822		

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 6/6/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors Pres Timothy Jon Mitts 156 Grandview Ave Nănuet NY 10954 Sec Timothy Jon Mitts 156 Grandview Ave Nanuet, NY 10954 Trea Timothy Jon Mitts 156 Grandview Ave 'NY 10954 Timothy Jon Mitts 156 Grandview Ave NY 10954

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 filling 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 quality 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

Daylime Phone #

CR2E081 (9/99)