

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000041409

1. Corporation Name

Mitts & Company, Inc.

5934 Bent Pine Drive  
PO Box 487

2. Principal Office Address  
5934 Bent Pine Drive

3. Mailing Office Address  
PO Box 487

Suite, Apt. #, etc.  
234

Suite, Apt. #, etc.

City & State  
Orlando, Florida

City & State  
Nanuet, New York

Zip  
32822

Country  
Orange

Zip  
10954

Country  
Rockland

4. Date Incorporated or Qualified  
To Do Business in Florida 05/06/1997

5. FEI Number  
59-3549009

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  
Timothy Jon Mitts

Street Address (P.O. Box Number is Not Acceptable)  
5934 Bent Pine Drive

Suite, Apt. #, Etc.

City  
Orlando

900040047519  
08/10/04--01052--017 \*\*756.00  
900040047519  
08/10/04--01052--018 \*\*8.75

State  
FL

Zip Code  
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 8/4/04

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	Timothy Jon Mitts	156 Grandview Avenue	Nanuet, New York 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 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

8/4/04 (845) 732-8150  
Date Daytime Phone #

CR2E081 (01/04)