PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 13 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45909

1. Corporation Name
R Glen Mitchell & Associates, Anc.

2. Principal Office Address	3. Mailing Office Address
1515 San Marco Blvd	1515 San Marco Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, Florida	Jacksonville, Florida
Zip: 32207 Country: USA	Zip: 32207 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 15, 1991

5. FEI Number: 59-3064559 ☐ 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: R Glen Mitchell

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***1808.75 ***1808.75

Street Address (P.O. Box Number is Not Acceptable): 1515 San Marco Blvd

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32207

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: R Glen Mitchell
REGISTERED AGENT MUST SIGN

Date: 11 JUNE 01

CR2E061 (9/00)

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	R Glen Mitchell	108 Janelle Lane	Jax, Fl 32211

REINSTATEMENT 9-01

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: R Glen Mitchell R. GLEN MITCHELL II JUNE 01 904/396-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #