

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33690**

1. Corporation Name

TIM MITCHELL CREATIONS, INC.

500002000005--0
-11/08/96--01021--009
****374.90 ****374.90

Principal Place of Business
**7718 KINGMAN STREET
PANAMA CITY BEACH FL 32408**

Mailing Address
**7718 KINGMAN STREET
PANAMA CITY BEACH FL 32408**

REINSTATEMENT 09/16/96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/05/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3125980	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MITCHELL, TIMOTHY D.	7718 KINGMAN STREET	PANAMA CITY BEACH FL
D	MITCHELL, PATRICIA L	7718 KINGMAN STREET	PANAMA CITY BEACH FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ISLER, CHARLES S. III 434 MAGNOLIA AVENUE PANAMA CITY FL 32402		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **CHARLES S. ISLER** **REGISTERED AGENT MUST SIGN** Date **10-16-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **Patricia L. Mitchell** **PATRICIA L. MITCHELL** 10-16-96 914-235-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (7/90)