

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <sup>98</sup>  
FOR <sup>95</sup>  
REINSTATEMENT



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

FILED

98 MAY 21 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000283

1. Corporation Name

MISSION AMERICA, INC.

Principal Place of Business

6900 County Road 95  
Palm Harbor, FL 34684

Mailing Address

**REINSTATEMENT**

*95-98  
2/21/98  
6/21/98*

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

2. New Principal Office Address, If Applicable

Camp Hope

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1622

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

January 20, 1994

5. FEI Number

06-1392609

Applied For

Not Applicable

City & State

Litchfield, CT

City & State

Litchfield, CT

Zip

06759

Country

USA

Zip

06759

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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	Don MacAllister, Sr.	6900 County Road 95	Palm Harbor, FL 34684
D	Michael Rippy	8507 Plantation River Road	Montgomery, AL 36116
D	Kris Keuning	16550 W. Arrow	Fontana, CA 92335
D	Don MacAllister, Jr.	1737 Boxeney Drive	Orlando, FL 32837
D	David MacAllister	6900 County Road 95	Palm Harbor, FL 34684
			7000002544337--8 -06/02/98--01063--001 ***420.00 ***420.00

8. Name and Address of Current Registered Agent

Randy K. Sterns  
220 South Franklin Street  
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Randy K. Sterns*

REGISTERED AGENT MUST SIGN

Date

5/19/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*David MacAllister*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)