

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000005899**

1. Corporation Name

MISSION RESEARCH CORPORATION

Principal Place of Business

147 JOHN SIMS PKWY
VALPARAISO FL 32580

Mailing Address

147 JOHN SIMS PKWY
VALPARAISO FL 32580

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1995

5. FEI Number

95-2659854

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	SOWLE, DAVID H	2020 LAS CANOAS	SANTA BARBARA CA
PD	GUTSCHE, STEVEN L	4655 VIA BENDITA	SANTA BARBARA CA
VD	BIGONI, ROBERT A	149 VEREDA LEYENDA	GOLETA CA
S	FRIES, SCOT	5227 CALLE CRISTOBOL	SANTA BARBARA CA
T	LISHMAN, JOHN B	111 ALPINE DR	GOLETA CA

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Prentice-Hall Inc
REGISTERED AGENT MUST SIGN

Date 19oct99

11. 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

John B Lishman

19oct99 (805) 9638761
Date Daytime Phone #

FILED

99 OCT 28 AM 9:14P

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (6/99)