

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 # N94000000283

1. Corporation Name

MISSION AMERICA, INC.

Principal Place of Business

6900 County Road 95
Palm Harbor, FL 34684

Mailing Address

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Don MacAllister, Sr.	6900 County Road 95	Palm Harbor, FL 34684
D	Michael Rippey	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. Stern
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 #

REINSTATEMENT

95-98
24
6/21/98

FILED

98 MAY 21 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)