

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003797

1. Corporation Name

MISSIONARY SERVICE & SUPPLY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5387 S.E. 51ST DRIVE
STUART FL 34997-1634

5387 S.E. 51ST DRIVE
STUART FL 34997-1634

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

06/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0846006

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PT.	KUGLIN, NORMAN	5387 S.E. 51ST DRIVE	STUART FL 34997
VPS	KUGLIN, RAYLYN	5387 S.E. 51ST DRIVE	STUART FL 34997
D	KUGLIN, AARON	5387 S.E. 51ST DRIVE	STUART FL 34997
D	MAGDA, DAVID	3202 S.W. NUTLEY STREET	PORT ST. LUCIE FL 34953
D	SCHROEDER, DENNIS	2223 LANGDON LN.	MOUND MN 55364
D	VANOOSTEN, ROGER ADRIAN	1360 SANDBURG TERR., #2104	CHICAGO IL 60610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUGLIN, NORMAN
5387 S.E. 51ST DRIVE
STUART FL 34997

Name

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

Suite, Apt. #, Etc.

City

8000004638006--4

-11/29/01 Filed 11/29/01
***236.25 FL ***236.25

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

Norman Kuglin
REGISTERED AGENT MUST SIGN

Date

November 1, 2001

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

Raylyn Kuglin Raylyn Kuglin

Date

561-287-1238
Nov 1, 01

Daytime Phone #

CR2E040 (8/01)