

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02025

FILED  
Oct 08, 2009  
Secretary of State

Entity Name: MISSCO CORPORATION OF JACKSON

**Current Principal Place of Business:**

2510 LAKELAND TERRACE  
SUITE 100  
JACKSON, MS 392164717

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5349  
JACKSON, MS 392965349

**New Mailing Address:**

FEI Number: 64-0207070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLOCUMB, LYNN E  
3199 LAKESIDE CIRCLE  
PARRISH, FL 342199340 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN E. SLOCUMB

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: SORGENFREI, MARK A CPA  
Address: 2510 LAKELAND TERRACE, SUITE 100  
City-St-Zip: JACKSON, MS 39216

Title: S ( ) Delete  
Name: PEETS, RANDOLPH O III  
Address: 2510 LAKELAND TERRACE  
City-St-Zip: JACKSON, MS 39216

Title: D ( ) Delete  
Name: SMITH, VICTOR  
Address: 2150 LAKELAND TERRACE  
City-St-Zip: JACKSON, MS 39216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. SORGENFREI

PCEO

10/08/2009

Electronic Signature of Signing Officer or Director

Date