

## 2007 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |
|--|---|
| <b>DOCUMENT # P06000069947</b><br>1. Entity Name<br><b>MISSION EMBROIDERY ENTERPRISE INC</b> |  |
|--|---|

FILED

07 OCT -8 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |
|--|---|
| Principal Place of Business<br><b>2019 MARTIN LUTHER KING BLVD.<br/>MIDWAY, FL 32343</b> | Mailing Address<br><b>P.O. BOX 748<br/>MIDWAY, FL 32343</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

10082007 REIN-P CR2E098 (1/07)

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>DHANRAJ, SARAH SAROJ<br>2019 MARTIN LUTHER KING BLVD.<br>MIDWAY; FL 32343 | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Mc Millon, SARAH SAROJ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2019 Martin Luther King Blvd</b><br>City <b>Midway</b> FL Zip Code <b>32343</b> |
|---|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>After January 1, 2008, Fee will be \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete |
| NAME                       | DHANRAJ, SARAH SAROJ              |
| STREET ADDRESS             | P.O. BOX 748                      |
| CITY - ST - ZIP            | MIDWAY, FL 32343                  |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY - ST - ZIP            |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Mc Millon, SARAH SAROJ   |
| STREET ADDRESS  | P.O. BOX 748, MIDWAY FL 32343  |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  | 3001 10952693  |
| CITY - ST - ZIP                                       | 10/18/07--01036--010 **150.00  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP                                       |  |

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah McMillon \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_