

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 13 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000016994

1. Corporation Name

MISSION RD CORP.

2. Principal Office Address

100 OLD MISSION ROAD

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32168

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

02/19/97

5. FEI Number

59-3436769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name  
KATHLEEN BURKE

Street Address (P.O. Box Number is Not Acceptable)  
100 OLD MISSION ROAD

Suite, Apt. #, Etc.

City  
NEW SMYRNA BEACH

500010029195

01/13/03--01011--004

\*\*1208.75

State  
FL

Zip Code  
32168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Kathleen Burke*

REGISTERED AGENT MUST SIGN

Date 1-9-03

DPCE081 (1/0/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	KATHLEEN BURKE	100 OLD MISSION ROAD	NEW SMYRNA BEACH, FL 32168
VP	EDWARD FAHEY	100-OLD MISSION ROAD	NEW-SMYRNA BEACH, FL 32168

10. 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: *Kathleen Burke* Kathleen Burke 1-9-03 386-423-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gr 114