

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 31 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

**1. Corporation Name**

MISSION ESSENTIAL TECHNICAL SERVICES, INC.  
pg7000088926

600005763576--9  
-06/12/02--01063--010  
\*\*\*1200.00 \*\*\*1200.00

**REINSTATEMENT** 98-02

**2. Principal Office Address**

P.O. Box 843  
Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 843  
Suite, Apt. #, etc.

**City & State**

Mary Esther, FL

**City & State**

MARY ESTHER, FL

**Zip**

32569

**Country**

USA

**Zip**

32569

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/14/97

**5. FEI Number**

59-3473400

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Shannon Porath, Esq.

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

2441 U.S. Hwy 98 E

**Suite, Apt. #, Etc.**

Suite 108

**City**

Santa Rosa Beach

**State**  
FL

**Zip Code**

32459

**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

Shannon Porath

REGISTERED AGENT MUST SIGN

Date May 9, 2002

**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
P	Joe R.L. Broadnax	1158 PIN OAK CIR.	Niceville, FL 32578

**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:**

JR Shumaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-15-02 (856) 243-2662

Daytime Phone #

CR2E001 (9/01)