

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.
PA7000088926

600005763576--9
-06/12/02--01069--010
***1200.00 ***1200.00

REINSTATEMENT 09-02

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 <input type="checkbox"/>		\$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 Date: May 9, 2002

REGISTERED AGENT MUST SIGN

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 Date: 5-15-02 (856) 243-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (9/01)