

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004649**

1. Corporation Name

MID-AMERICA TAPING & REELING, INC.

Principal Place of Business	Mailing Address
6801 LYONS ROAD SUITE E5 COCONUT CREEK FL 33073	121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139 Attn: Barbara A. Pauls



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	08/14/1998
5. FEI Number	36-3333114
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCDT	PAULS, BARBARA A	121 EXCHANGE BLVD.	GLENDALE HEIGHTS IL 60139
S	PAULS, BARBARA A	121 EXCHANGE BLVD	GLENDALE HEIGHTS IL 60139
PCDT	Pauls, Barbara A.	121 Exchange Blvd.	Glendale Heights, IL 60139
S	Pauls, Barbara A.	121 Exchange Blvd.	Glendale Heights, IL 60139
			400024490114 11/06/03--01063--002 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PAULS, BARBARA A 6601 LYONS ROAD E-5 COCONUT CREEK FL 33073	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Barbara A. Pauls* REGISTERED AGENT MUST SIGN Date: October 27, 2003

11. 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: *Barbara A. Pauls* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/27/03 630-629-6646 Daytime Phone #

CR2E040 (7/03)

LAW OFFICE OF
R.J. PAULS, P.C.
619 S. ADDISON ROAD
ADDISON, IL 60101

ROBERT J. PAULS

(630) 941-9000
Fax (630) 941-9109

October 27, 2003

CERTIFIED MAIL

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Mid-America Taping & Reeling, Inc.
FEI #36-3333114

Dear Sirs,

Enclosed please find completed application for reinstatement reference the above captioned matter. We have also enclosed herein a check in the amount of \$150 for the corporate fees including the annual report fee and the corporation supplemental fee.

We are requesting waiver of the \$600 reinstatement fee. Our client did not receive the mailing which should have been sent to 121 Exchange Blvd., Glendale Heights, Illinois 60139. Will you kindly consider and confirm waiver of reinstatement fee. Your prompt attention and cooperation to this matter are greatly appreciated.

Very truly yours,



Robert J. Pauls

RJP:me

Enc.