

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108003

1. Corporation Name

MIDWAY MARKET, INC.

2. Principal Office Address

106 N.W 11th AVE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Fla

Zip

33111

Country

U.S.A

3. Mailing Office Address

106 N.W 11th AVE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

Fla

Country

U.S.A

REINSTATEMENT 03-04

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

5. FEI Number

13-4214680

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

Sulaiman ABUDABUD

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

106 N.W 11th AVE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33111

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/27/04

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
PRS	Sulaiman ABUDABUD	106 N.W 11th AVE	Ft. Lauderdale Fla 33111

100029812141
03/03/04--01046--007 **300.00

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:

[Signature]

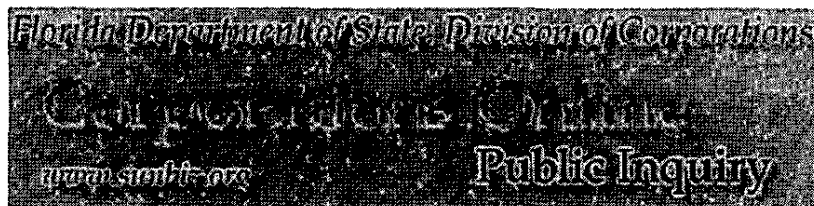
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/27/04

Daytime Phone #

CR2E081 (01/04)



Florida Profit**MIDWAY MARKET, INC.**

PRINCIPAL ADDRESS
1106 NW 11TH AVENUE
FT. LAUDERDALE FL 33111

MAILING ADDRESS
1106 NW 11TH AVENUE
FT. LAUDERDALE FL 33111

Document Number P02000108003	FEI Number NONE	Date Filed 10/07/2002
State FL	Status INACTIVE	Effective Date NONE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT	Event Date Filed 09/19/2003	Event Effective Date NONE

Registered Agent

Name & Address
ABUDAOUD, SULAIMAN 1106 NW 11TH AVENUE FT. LAUDERDALE FL 33111

Officer/Director Detail

Name & Address	Title
ABUDAOUD, SULAIMAN 1106 NW 11TH AVENUE FT. LAUDERDALE FL 33111	PTS
ABUDAOUD, SULAIMAN 1106 NW 11TH AVENUE FT. LAUDERDALE FL 33111	VD

MIAMI, 02/27/2004

TO: DIVISION OF CORPORATIONS

SUBJECT: MIDWAY MARKET INC.
ANNUAL REPORT 2003/2004.

DEAR SIR

AS PER COVERSATION WITH YOUR DEPARTMENT ENCLOSED FIND MY
REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEAR 2003,2004 AND APPLICABLE FEES
OF \$ 300.00, DUE THAT I NEVER RECEIVED THE ANNUAL REPORT 2003 AND MY COMPANY
WAS DISOLVED WITHOUT PRIOR NOTICE, DUE YOU HAD THE WRONG ADDRESS, PLEASE
RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS


SULAIMAN ABUDAUD
PRESIDENT