

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN -8 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000040550

1. Corporation Name
The Midland Group, Inc.

2. Principal Office Address 8433 Lake Florence Blvd.		3. Mailing Office Address 8433 Lake Florence Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32818	Country USA	Zip 32818	Country USA

REINSTATEMENT 08-01

4. Date Incorporated or Qualified To Do Business in Florida 05/06/97

5. FEI Number 58-2318311
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 Lee Marshall	300003556209 --2 -01/22/01--01004--016 ***150.00 ***150.00
Street Address (P.O. Box Number is Not Acceptable) 8433 Lake Florence Blvd.	
Suite, Apt. #, Etc.	300003556209 --0 -01/22/01--01004--017 ***150.00 ***150.00
City Orlando	State FL Zip Code 32818

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** 11-30-00

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, D	Lee Marshall	8433 Lake Florence Blvd.	Orlando, Florida 32818
D	Paul Marshall	17 Brookhaven Drive	Atlanta, Georgia 30319

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** 11-30-00 **Daytime Phone #** KE

CR2E081 (9/99)