

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000040550

1. Corporation Name
The Midland Group, Inc. *C# 3887*
2037
~~208~~ Palm Vista Drive
~~208~~ Palm Vista Drive

2. Principal Office Address
2037
~~208~~ Palm Vista Drive
Suite, Apt. #, etc.
N/A

3. Mailing Office Address
2037
~~208~~ Palm Vista Drive
Suite, Apt. #, etc.
N/A

City & State
Apopka, FL

City & State
Apopka, FL

Zip Country
32712-2454 U.S.

Zip Country
32712-2454 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 05-06-1997

5. FEI Number 582318311 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

Street Address (P.O. Box Number is Not Acceptable)
2037
~~208~~ Palm Vista Drive
Suite, Apt. #, Etc.
N/A

City Apopka, State FL Zip Code 32712-2454

REINSTATEMENT *OS-DH*
[Signature]

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 *Lee Marshall (Print)* Date *12-6-04*
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 D | Lee Marshall | <i>2037</i> 208 Palm Vista Drive | Apopka, FL 32712-2454 |
| D | Paul Marshall | 17 Brookhaven Drive | Atlanta, GA 30319 |
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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]* Date *12/6/2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E081 (01/04)