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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--|---|--|
| CORPORATION ANNUAL REPORT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

FILED

06 MAY -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

501249

1. Corporation Name

MID STATE CONTRACTING CORP
 2730 MINE & MILL ROAD
 LAKELAND FLORIDA 33801

500074508075
 05/12/06--01009--004 **300.00

2. Principal Office Address

3. Mailing Office Address

2730 MINE & MILL ROAD
 Suite, Apt. #, etc.

2730 MINE & MILL ROAD
 Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

City & State

LAKELAND FLORIDA

LAKELAND, FLORIDA

Zip

Country

Zip

Country

33801

POLK

33801

POLK

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

65 0322115

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

HAROLD E. KERSEY

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

2730 MINE & MILL ROAD

Suite, Apt. #, Etc.

City

LAKELAND FLORIDA

State

FL

Zip Code

33801

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

Harold E Kersey
 REGISTERED AGENT MUST SIGN

Date

4/27/06

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 |
|--------|--------------------------------------|---|------------------------|
| D | KERSEY HAROLD E. | 2730 MINE & MILL ROAD | LAKELAND FLORIDA 33801 |
| PD | HOOTEN JOHN | 2730 MINE & MILL ROAD | LAKELAND FLORIDA 33801 |
| STD | CAIN HENRY M | 2730 MINE & MILL ROAD | LAKELAND FLORIDA 33801 |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold E Kersey

4-27-06

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