

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

833112

1. Corporation Name

MID CONTINENT SYSTEMS CORP.

W-0100006081

2. Principal Office Address

120 HAWTHORNE LN

Suite, Apt. #, etc.

City & State

Phoenixville PA

Zip

19460

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PA

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

CHARTER #

833112

5. FEI Number

22-1978322

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

GARY RUNDAN - CPA

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

3960 S. Banana River BLVD. 200003632152-7

Suite, Apt. #, Etc.

COCOA BEACH

City

COCOA BEACH

State  
FL

Zip Code

32931

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

*Gary Rundan*

REGISTERED AGENT MUST SIGN

Date 12-27-00

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
Pres	DENNIS OBRIEN	120 HAWTHORNE LN	Phoenixville, PA 19460
V.P.	LYNN OBRIEN	120 HAWTHORNE LN	Phoenixville, PA 19460
DIR	TERRANCE OBRIEN	256 GRANT ST	CAPE MAY, NJ 08204

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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:

*Dennis O'Brien*

DENNIS OBRIEN Pres. 11/1/00

Date

610-935-0105

Daytime Phone #