

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

MID-AMERICA CAR, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75


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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**09 MAR 19 PM 1:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F04000006936**  
1. Corporation Name  
**Mid-America Car, Inc.**

**REINSTATEMENT 07-09**

2. Principal Office Address - No P.O. Box # <b>1523 N. Monroe</b>		3. Mailing Office Address <b>P.O. Box 33543</b>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State <b>Kansas City, MO</b>		City & State <b>Kansas City, MO</b>	
Zip <b>64120</b>	Country <b>USA</b>	Zip <b>64120</b>	Country <b>USA</b>

CRZE081 (12/08) **003/19**

4. Date Incorporated or Qualified To Do Business in Florida **12/08/2004**

5. FEI Number **36-2981856**  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  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Suits, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: Jessica L. Gardner **Jessica L. Gardner, Asst. Sec.** Date **03/17/2009**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Frank A. Blanc	1523 N. Monroe	Kansas City, MO 64120
T	Curtis D. Blanc	1523 N. Monroe	Kansas City, MO 64120
D	Michael T. Ham	1523 N. Monroe	Kansas City, MO 64120

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:** Frank A. Blanc **Frank A. Blanc** **03/17/2009** **816-483-5303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #