

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 NOV -6 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # F27303**

**1. Corporation Name**

MID-CONTINENT SECURITY AGENCY, INC.

**2. Principal Office Address**

4000 GULF SHORE BLVD. N.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

**3. Mailing Office Address**

4000 GULF SHORE BLVD. N.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/20/74

**5. FEI Number**

36-2784325

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

LOUISE MCLAUGHLIN

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

4000 GULF SHORE BLVD. N.

Suite, Apt. #, Etc.

City

NAPLES,

State

FL

Zip Code

34103

800003473118-4  
11/21/00 01030 021  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

**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

*Louise McLaughlin*

Date *Nov 3, 2000*

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
PRES.	LOUISE MCLAUGHLIN	4000 GULF SHORE BLVD. N.	NAPLES, FLORIDA 34103
V.PRES.	DONALD C. MCLAUGHLIN	4000 GULF SHORE BLVD. N.	NAPLES, FLORIDA 34103

**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:**

*Louise McLaughlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nov 3, 2000*

Date

Daytime Phone #

**KE**

*941-261-2030*

CR2E081 (9/99)