


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F39973		
1. Entity Name MIDWAY INSURANCE, INC.		

Principal Place of Business 7884 W FLAGLER STREET MIAMI, FL 33144	Mailing Address 7884 W FLAGLER STREET MIAMI, FL 33144
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2. Principal Place of Business 7884 W. Flagler St	3. Mailing Address 7884 W. Flagler St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami	City & State Miami FL
Zip 33144	Zip 33144
Country USA	Country USA

FILED  
06 JUL 26 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-180

6. Name and Address of Current Registered Agent RUIS, RAFAEL 7884 W. FLAGLER ST. MIAMI, FL 33144	
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4. FEI Number 59-2149379	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Rafael Ruis</i>	DATE: 7/25/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIEVES, ANA 7884 W. FLAGLER ST MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ralph Rius 7884 W. Flagler St Miami FL 33144 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMUDEZ, NANCY 7884 W. FLAGLER ST. MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ralph Rius 7884 W. Flagler St Miami FL 33144 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078380122 08/04/06--01043--008 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Ralph Rius</i>	DATE: 7/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
788-306-1921	

K. Eckel AUG 01 2006