

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005619

1. Corporation Name

MIDWEST ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

12118 NORTH LOOP ROAD
SAN ANTONIO TX 78216

12118 NORTH LOOP ROAD
SAN ANTONIO TX 78216

18160 Hwy 281 N.
Suite 108 Box 1107
San Antonio, TX 78232

18160 Hwy 281 N.
Suite 108 Box 1107
San Antonio, TX 78232

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	CRAIG, WARREN G	4522 SPRUCE STREET	TAMPA FL
V	MOHAN, KEITH K	4522 SPRUCE CREEK	TAMPA FL
ST	MORROW, MICHAEL	4522 SPRUCE STREET	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAIG, WARREN
4522 SPRUCE STREET
TAMPA FL 33607

Craig, warren
1355 Pinellas Bayways
#121
Tierra Verde, FL
33715

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Warren Craig

REGISTERED AGENT MUST SIGN

Date: 1-2/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Warren Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98

727-867-6933

Office Phone #



REINSTATEMENT

1993-1999

99 MAR 12 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/16/1995

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

74-2758465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR20040 (9/96)