

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005594

1. Corporation Name

Mid-Continental Securities Corp

REINSTATEMENT 07-10
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1862 IVORY CANE POINTE

3. Mailing Office Address

P.O. BOX 110310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Naples, FL

Zip

34991

Country

USA

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1998

5. FEI Number
363706151

☐ 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

Mark Anthony

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

1862 Ivory Cane Pointe

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34991

☐ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark Anthony
REGISTERED AGENT MUST SIGN

Date 3/23/2010

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
PTSD	Frank Pioppi	1862 Ivory Cane Pointe	Naples, FL 34991
		<i>[Signature]</i>	
		100175181671 04/09/10--01034--007 **450.00	
		100175181671 04/09/10--01034--008 **750.00	

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 Pioppi

Frank Pioppi

3/30/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #