DI EASE DEAD	ALL INSTRUCTIONS BEFORE	
	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of componations	
DOCUMENT # KIZIII		99 JAN 22 AH 91 LU
The MIDAS FINANCIAL GROUP, INC. M980000028665 Principal ace of Business Mailing Address		SECHER MANY OF STATE TALLAHASSEE, FLORIDA
1084 RIBAUT ROAD SUITE B BEAUFORT, SC 29902		80000276668781 -02/03/3301012013 ***1050.00 ****1050.00
2. New Principal Office Address, If Applicable	Jugh incorrect information and enter correction below. S. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 198-8-
Suite, Apt. #, etc. City & State	Suile, Apt. #, etc. City & State	5 FEI Number * 65-00284/33 Applied For Not Applicable
Zip Country 7. Names and Street Addresses of Each Officer and/	Zip Country or Director (Florida nonprofit corporations must list at le	CERTIFICATE OF STATUS DESIRED
Trible(s) 2 Andron Directors 2 PRES. LANDON & THORNE BRAYS ISLAND PLANTATION TREAS. V.P. MARY L. THORNE BRAYS ISLAND PLANTATION SHELDON, SC 29541 V.P. MARY L. THORNE BRAYS ISLAND PLANTATION SHELDON, SC 29541 DIA SEC CAVILYD TDIAN BREINSTATEREENT OF CALL STREET		
REINSTATEMENT 97 99 15 105 199		
8. Name and Address of Current Registered Agent 2. 00 BISC AYVE BLUD Streel Address (P.O. Box Number is Not Acceptable) BRAY ISLAND FLANTATION Suite Apt #, Etc SUITE 2100 City 10. I, being appointed the registered agent 10. I, being appoi		
Signature of Registered Agent Date 1402.C. 98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes I' No I (See other side for information on intangible tax.)		
12. Feerlify 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. I had all tees 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:	ITED WAME OF SIGNING OFFICER OR DIRECTOR	14 DEC 98 (843) 522-0009 Date Daytine Prione #