

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 JAN 22 AM 9:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -02/03/99--01012--013
 ***1050.00 ***1050.00

DOCUMENT # **K12111**
 1. Corporation Name
The MIDAS FINANCIAL GROUP, INC.
198000028665

Principal Office of Business Mailing Address
1054 RIBAUT ROAD
SUITE B
BEAUFORT, SC 29902

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1988**

5. FEI Number **65-0028433** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES. TREAS. DIR.	LONDON K THORNE	BRAYS ISLAND PLANTATION SHELDON, SC 29941	
V.P. DIR.	MARY L. THORNE	BRAYS ISLAND PLANTATION	SHELDON, SC 29941
SEC	Carolyn T Dean	Beaufort SC 29902	

REINSTATEMENT 97-99 TS 1/25/99

8. Name and Address of Current Registered Agent
200 BISCAYNE BLVD

9. Name and Address of New Registered Agent
 Name: ~~LONDON K THORNE~~ **RONALD R. FIELDS INC.**
 Street Address (P.O. Box Number is Not Acceptable): **BRAYS ISLAND PLANTATION**
 Suite, Apt. #, Etc: **SUITE 2100**
 City: ~~SHELDON~~ **MIAMI**
 State: ~~SC~~ **FL** Zip Code: **33131**
29941

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: REGISTERED AGENT MUST SIGN Date: **14 DEC 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: **Pores**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **14 DEC 98** (843) 522-0009 Daytime Phone #