

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 # K54305

1. Corporation Name

MIDWEST MARKETING CO., INC.

FILED

98 NOV -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
910 MADISON ST.
P.O. BOX 250
LAKE GENEVA, WI 53147

600002686836--8
-11/13/98-01037-008
***1058.75 ***1058.75

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/28/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0089683	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
(D) PRES.	BERNADETTE HOPKINS	521 MORGAN DR.	WILLIAMS BAY, WI 53191
(D) V.P.	PATRICK HOPKINS	521 MORGAN DR.	WILLIAMS BAY, WI 53191
(D) V.P.	CHARLES LOTH	322 WARREN ST.	LAKE GENEVA, WI 53147
(D) V.P.	JOHN JOHNSTON	912 KERHOF DR	ST. CHARLES, IL 60174
REINSTATEMENT 96-98 B 11/12			

8. Name and Address of Current Registered Agent NOLAN C. KRAVIT 1000 N. HIATUS RD. SUITE 110 PENBROKE PINES, FL 33026		9. Name and Address of New Registered Agent Name PATRICK GOULD Street Address (P.O. Box Number is Not Acceptable) 1900 N. ANDREWS AVE. EXTENSION Suite, Apt. #, Etc. UNIT C City POMPANO BEACH State FL Zip Code 33069	
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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

Patrick Gould

REGISTERED AGENT MUST SIGN

Date 11/5/98

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: Bernadette Hopkins BERNADETTE HOPKINS 11/5/98 414-248-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #