


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000074179						FILED 06 MAY 10 AM 11:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MIDWAY HOUSE, LLC				Principal Place of Business 1601 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460			
Mailing Address 1601 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460				2. Principal Place of Business 1528 So. FEDERAL HWY Suite, Apt. #, etc.			
3. Mailing Address 1528 So. FEDERAL HWY Suite, Apt. #, etc.				4. FEI Number 2017 49049			
City & State LAKE WORTH, FL Zip 33460 Country USA				City & State LAKE WORTH, FL Zip 33460 Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BUCHAN, JOHN 1528 SO FEDERAL HWY LAKE WORTH, FL 33460			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>John Buchan</i> JOHN BUCHAN <i>John Buchan</i> 5-9-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGR NAME BUCHAN, JOHN STREET ADDRESS 1601 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			TITLE MGR JOHN BUCHAN NAME 1528 SO FEDERAL HWY STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR NAME BUCHAN, KAREN STREET ADDRESS 1601 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			TITLE MGR KAREN BUCHAN NAME 1528 SO FEDERAL HWY STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			REINSTATEMENT 05-06 300074664253 05/16/06--01029--014 ***200.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <i>John Buchan</i>				5-9-06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			