

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000012505

1. Limited Liability Company's Name

**Midway Investments, L.L.C.**

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

2010 MCKEE ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

3. Mailing Office Address

2101 CAPITAL CIRCLE N.E.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/7/05

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sonya K Daws

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

2618 Centennial Place

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

E-mail Address:

900224343609  
03/12/12--01001--015 \*\*\$80.00

jcooper@ehr-llc.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

3/9/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	The Coupe, LLC	2010 MCKEE ROAD	Tallahassee, FL 32303
mgrm	Bill Durham	2101 Capital Circle N.E.	Tallahassee, FL 32308

**REINSTATEMENT 2009-2012**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

3/9/12

Daytime Phone #

850-212-5367

Typed or printed name of signing Managing Member/Manager

JORDAN COOPER

FILED  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
12 MAR -9 PM 3:54

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