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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000336

Name and Mailing Address

0016864 01 MB 0.309 \*\*AUTO T1 0 0615 89128-104550



MIDAS MANAGEMENT GROUP, LLC  
7469 W. LAKE MEAD BLVD., SUITE 200  
LAS VEGAS NV 89128-1045



2. New Mailing Address		4. State/Country of Formation NV	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/06/2002	
Principal Place of Business 7469 W. LAKE MEAD BLVD., SUITE 200 LAS VEGAS NV 89128	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 30-0028484	Applied For Not Applicable
8. Name and Address of Current Registered Agent KLONDER, KATHY 16710 SANCTUARY ESTATE DR. CAOE CORAL FL 33993		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Name and Address of <del>Current</del> Registered Agent Name K. lunder Street Address (P.O. Box Number is Not Acceptable) City Cape Coral FL Zip Code			
10. 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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>10/24/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KLONDER, KATHY	229 HANCOCK BRIDGE PARKWAY	CAPE CORAL FL 33990
		500024379085 11/03/03--01057--009 **150.00	
<b>REINSTATEMENT</b>			

12. 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.

Signature of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10/24/03 Daytime Phone # 239 283 2103

Typed or printed name of signing Managing Member/Manager Kathy L. Klunder

CR2E084 (7/03)

I never received a  
2003 Uniform Business Report  
form to fill out.



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