

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 AUG 26 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08000001807**

1. Corporation Name

**Midway Community Improvement Organization, Inc.**

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

**133 Tennel Rd**

Suite, Apt. #, etc

3. Mailing Office Address

**PO Box 901**

Suite, Apt. #, etc.

City & State

**Midway FL**

City & State

**Midway FL**

Zip

**32343**

Country

**US**

Zip

**32343**

Country

**US**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/22/2008**

5. FEI Number

**26-2139777**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Grayson Accounting & Consulting, P.A.**

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

**118 Salem Court**

Suite, Apt. #, Etc.

**Suite B**

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

**800263763788**  
**08/27/14--01001--025 \*\*297.50**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*John N. Grayson*  
REGISTERED AGENT MUST SIGN

Date **8/25/2014**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Charles Willis	133 Tennel Rd	Midway FL 32343
Pres	Olivia C. Thomas	547 Collinsford Rd	Tallahassee FL 32301
VP	Norina Sanon	481 Peter Rd	Midway FL 32343
Sec	Jessie Haynes	948 D. Lipona Rd	Tallahassee FL 32304
Tres	Donna Jefferson	PO Box 455	Midway FL 32343
			<b>S. HAWKES</b>

10. E-mail Address: **john@graysonaccounting.com**

(To be used for future annual report notification)

**AUG 26 AM**

11. 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. and that all fees owed by the corporation have been paid. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2014

850-216-4045

Date

Daytime Phone #