


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000057172

1. Corporation Name

MIDWAY ELECTRONICS SERVICES, INC.

Principal Place of Business

5515 15 STREET EAST
BRADENTON FL 34203

Mailing Address

5515 15 STREET EAST
BRADENTON FL 34203

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

65-1024831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAZELL, PAUL S	5515 15 STREET EAST	BRADENTON FL 34203
D	BAZELL, TINA M	5515 15 STREET EAST	BRADENTON FL 34203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAZELL, PAUL S
5515 15 STREET EAST
BRADENTON FL 34203

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/01

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

941-755-1660

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 PM 1:59



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-11/14/01--01082--012
****150.00 ****150.00

CR2E040 (8/01)

10/16/01

TO WHOM IT MAY CONCERN,

I AM SENDING MY \$150.00 RENEWAL PAYMENT
AS INSTRUCTED BY SOMEONE IN YOUR OFFICE
ON MONDAY 10/15/01. I EXPLAINED TO HER
THAT I NEVER RECEIVED A RENEWAL FORM
OR REMINDER FORM, ONLY A REVOCATION LETTER.
SHE SAID TO SEND THE RENEWAL FEE AND
A LETTER TELLING YOU ABOUT NOT RECEIVING
ANY STATEMENTS AND THAT YOU WOULD
REVIEW MY ACCOUNT.

THANK-YOU
SINCERELY,
Paul Bozell
TR