

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 21 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000078443  
**1. Corporation Name** Mid Pacific Corp.

**2. Principal Office Address**  
4752 SW 74th Avenue

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Miami, Florida 33155

**City & State**

**Zip** **Country**

**Zip** **Country**

**REINSTATEMENT** 04

**4. Date Incorporated or Qualified  
To Do Business In Florida**

**5. FEI Number**  
65-1033551

**Applied For**  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**  
Gordon Watt

**Street Address (P.O. Box Number is Not Acceptable)**  
4500 Lejeune Road

Suite, Apt. #, Etc.

**City** Coral Gables, Florida

**State**  
FL

**Zip Code**  
33146

**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**

**Date**

**REGISTERED AGENT MUST SIGN**

**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
PD	Pompei, Emidio	3820 East Lake States Dr.	Davie, Florida 33328
D	Michel, Pompei	3115 NW 100 Ct.	Miami, Florida 33178
D	Pompei, Carlos	5570 NW 107th Avenue	Miami, Florida 33178
VP	Pompei, Maritza	3820 East Lake States Dr.	Davie, Florida 33328
VP	Vazquez, Karin	110 Miracle Mile, #214	Coral Gables, Fl. 33134
D	Vazquez, Jose	220 Miracle Mile, #216	Coral Gables, Fl. 33134

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

12/16/2004

CR-25061 (9/01)

**Brito & Brito Accounting**  
**407 Lincoln Road, Suite 500**  
**Miami Beach, Fl 33139**  
**Corporate Accounting and Business Development**  
**Tel: (305) 534-9292/ Fax: (305) 534-7534**  
*britogeorge@aol.com/britoandbrito@aol.com*

December 16, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Mid Pacific Corp.  
4752 SW 74<sup>th</sup> Avenue  
Miami, Florida 33155  
65-1033551  
Annual Report

Please note the above tax payer did not receive any of the Annual Reports needed for him to maintain his Corporation active. Please accept his check for \$150.00 to activate his Corporation.

Thanking you in advance.

Respectfully,



George Brito, CPA