2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000078443

Address:

City-St-Zip:

3820 EAST LAKES DR

DAVIE, FL 33328

Entity Name: MID PACIFIC CORPORATION

FILED Dec 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4752 SW 74TH AVENUE 16121 BISCAYNE BOULEVARD MIAMI, FL 33155 **AVANTI PLAZA** NORTH MIAMI, FL 33160 **Current Mailing Address:** New Mailing Address: 4752 SW 74TH AVENUE 16121 BISCAYNE BOULEVARD MIAMI, FL 33155 AVANTI PLAZA MIAMI, FL 33160 FEI Number: 65-1033551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WATT, GORDON C POMPEI, CARLOS 4500 LE JEUNE ROAD 16121 BISCAYNE BOULEVARD US AVANTI PLAZA CORAL GABLES, FL 33146 NORTH MIAMI, FL 33160 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: CARLOS POMPEI 12/01/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition POMPEI, EMIDIO Name: Name: 3820 EAST LAKE STATES DR Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: Title: () Delete () Change () Addition MICHEL, POMPEI Name: Name: 3115 NW 100 CT Address: Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition POMPEI, CARLOS Name: Name: 5570 NW 107 AVE. Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: () Change () Addition POMPEI, MARÍTZA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CARLOS POMPEI PD 12/01/2005