

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P010000CH4959**

1. Corporation Name

**midway Auto Sales, Inc**

2. Principal Office Address

**2502 Jersey Ave.**  
Suite, Apt. #, etc.

3. Mailing Office Address

**2502 Jersey Ave**  
Suite, Apt. #, etc.

City & State

**Ft. Pierce FL**  
Zip **34947** Country **St. Lucie**

City & State

**Ft. Pierce FL**  
Zip **34947** Country **St. Lucie**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5-4-01**

5. FEI Number

**59-373 6016.**

☐ 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

**Joe Da Costa**

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

**7002 Lakeland Blvd.**

Suite, Apt. #, Etc.

City

**Ft. Pierce**

State

**FL**

Zip Code

**34951**

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

**Joe Da Costa**  
REGISTERED AGENT MUST SIGN

Date

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
Mr.	Joe Da Costa	7002 Lakeland Blvd	Ft. Pierce FL 34951

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:

**Joe Da Costa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**05 NOV -7 PM 12:50**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**100061622741**  
11/22/05--01041--004 \*\*300.00

**REINSTATEMENT**

**04-05**

252

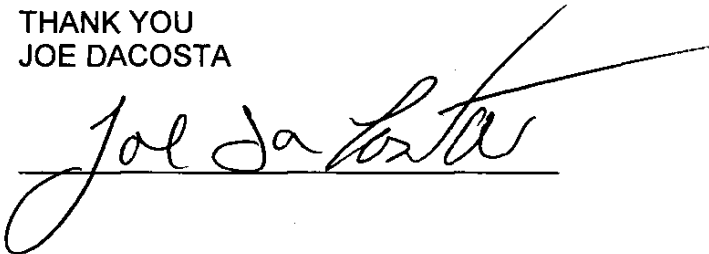
MIDWAY AUTO SALES INC.

2502 JERSEY AVE.  
FT. PIERCE FL. 34947  
772-489-3739

TO WHOM IT MAY CONCERN:

MIDWAY AUTO SALES INC. DID NOT RECEIVE THE NOTICE OF  
RENEWAL FOR THE CORPOTATION. I WOULD LIKE YOU TO WAVE THE  
REINSTATEMENT FEE.

THANK YOU  
JOE DACOSTA

A handwritten signature in cursive script, reading "Joe Da Costa", written over a horizontal line.