

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 SEP 16 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044959

1. Corporation Name

MIDWAY AUTO SALES INC.

Principal Place of Business

2502 JERSEY AVE.
FORT PIERCE FL 33023

Mailing Address

2502 JERSEY AVE.
FORT PIERCE FL 33023

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-37306016

Applied For:

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	DA COSTA, JOE	6811 SW 13TH ST. 7002 Lakeland Blvd	PEMBROKE PINES FL 33023 47. Pierce FL 34951
D	HATCHER, RICHARD	1027 N.E. 17TH AVE	FORT LAUDERDALE FL 33304

800023178268
09/18/03--01073--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DA COSTA, JOE
6811 SW 13TH ST.
PEMBROKE PINES FL 33023

Name

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

Suite, Apt. #, Etc.

City

47. Pierce

State

FL

Zip Code

34951

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. or 617.0505, F.S.

Signature of
Registered Agent

Joe Costa
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Joe Costa
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

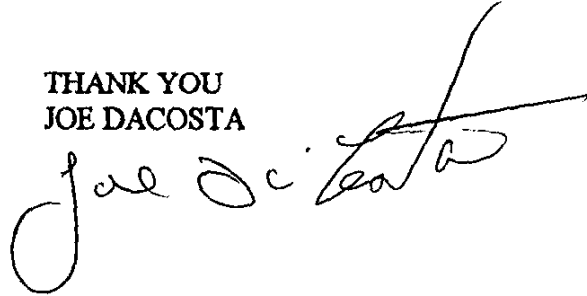
MIDWAY AUTO SALES INC.

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

TO WHOM IT MAY CONCERN:

**IN APRIL OF 2002 MIDWAY AUTO SALE INC. DID NOT RECIVE A
LETTER THAT WAS SENT FROM DIVISION OF CORPORATIONS. I WOULD
LIKE FOR YOU TO WAVE THE \$600.00 REINSTATEMENT FEE.**

**THANK YOU
JOE DACOSTA**

A handwritten signature in cursive script, appearing to read "Joe Dacosta", written over the printed name.