

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000065777**

1. Corporation Name

MIDWAY FRAMING CORP

REINSTATEMENT **62-05**

2. Principal Office Address

1723 WEST RUSS ST.

Suite, Apt. #, etc.

City & State

LECANTO, FL

Zip

34461

Country

CITRUS

3. Mailing Office Address

1723 WEST RUSS ST.

Suite, Apt. #, etc.

City & State

LECANTO, FL

Zip

34461

Country

CITRUS

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

593733326

☒ 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

TIMOTHY WAYNE PROVOST

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

1723 WEST RUSS ST. 700060092717

Suite, Apt. #, Etc.

09/30/05--01006--009 **1200.00

City

LECANTO

State

FL

Zip Code

34461

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

Timothy Wayne Provost
REGISTERED AGENT MUST SIGN

Date **9-26-2005**

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
P	TIMOTHY WAYNE PROVOST	1723 WEST RUSS ST.	LECANTO, FL 34461

JP 9/30

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:

Timothy Wayne Provost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-2005

Date

352-746-2014

Daytime Phone #