

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01455

1. Corporation Name  
Midland Capital Corporation

2. Principal Office Address <u>33 North Garden Ave.</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Clearwater, FL</u> Zip <u>33755</u>		Country <u>U.S.A.</u>		3. Mailing Office Address <u>33 North Garden Ave.</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Clearwater, FL</u> Zip <u>33755</u>		Country <u>U.S.A.</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>3/30/1984</u>	
5. FEI Number <u>59-2395304</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$375 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
c/o CT Corporation System, 1200 South Pine Island Road  
Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent Carrie Bryan **CARRIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

REGISTRED AGENT MUST SIGN

Date 10/20/03

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<u>See attached Exhibit A</u>		

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)(f), 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: Will S. Harter **WILL S. HARTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/03

Date

(727) 461-4801

Daytime Phone #

JK

**EXHIBIT A  
TO CORPORATION REINSTATEMENT  
OF MIDLAND CAPITAL CORPORATION**

9. **Name and Street Addresses of Each Officer and/or Director**

<i>Titles</i>	<i>Name of Officers and/or Directors</i>	<i>Street Address of Each Officer and/or Director City / State / Zip</i>
✓ D	Michael Falcone	218 N. Charles Street, Suite 500 Baltimore, MD 21201
D	Mark Joseph	218 N. Charles Street, Suite 500 Baltimore, MD 21201
D/C	Robert J. Banks	33 North Garden Avenue, Suite 1200 Clearwater, FL 33755
✓ P/S	Keith J. Gloeckl	33 North Garden Avenue, Suite 1200 Clearwater, FL 33755
✓ T	Don R. Reynolds	33 North Garden Avenue, Suite 1200 Clearwater, FL 33755
✓ V	Linda Carroll	33 North Garden Avenue, Suite 1200 Clearwater, FL 33755
✓ V	Michelle Harris	218 N. Charles Street, Suite 500 Baltimore, MD 21201
AV	Ryan W. Luxon	33 North Garden Avenue, Suite 1200 Clearwater, FL 33755
✓ CFO	William Harrison	218 N. Charles Street, Suite 500 Baltimore, MD 21201

Florida Department of State  
Division of Corporations  
Public Access System

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Original Date  
10/20/03*

CORPORATION REINSTATEMENT

MIDLAND CAPITAL CORPORATION

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