

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 8020000 27420

1. Corporation Name

BS PROPERTIES OF MIDWAY INC.

2. Principal Office Address - No P.O. Box #
32454 BLUE STAR HIGHWAY

3. Mailing Office Address
P O BOX 557

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIDWAY FL

City & State
MIDWAY FL

Zip Country
32343 USA

Zip Country
32343 USA

4. Date Incorporated or Qualified To Do Business in Florida **3/6/2002**

5. FEI Number
37-1424933

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT
CR2E081 (12/08)

07-09

7. Name and Address of Current Registered Agent

Name
STAN SHIVER

Street Address (P.O. Box Number is Not Acceptable)
32454 BLUE STAR HIGHWAY

Suite, Apt. #, Etc.

City
MIDWAY

State Zip Code
FL 32343

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Stan Shiver

REGISTERED AGENT MUST SIGN

Date 2/07/09

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,V,T	STAN SHIVER	32454 BLUE STAR HIGHWAY	MIDWAY FL 32343
			400143862844 02/18/09--01004--014 **1050.00

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 contained in Chapter 119, 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:

Stan Shiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/09

Date

850-575-9631

Daytime Phone #

2/18/09