

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE
FILE

06 JUN 14 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000094301

1. Corporation Name

MID WESTERN MORTGAGE COMPANY

2. Principal Office Address

326 N. Belcher Rd.

3. Mailing Office Address

326 N. Belcher Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Fl.

City & State

Clearwater, Fl.

Zip

33765

Country

USA

Zip

33765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2002

5. FEI Number
51-0418996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (12/05)

03-06 RSC

7. Name and Address of Current Registered Agent

Name

Roy C. Skelton, Esq.

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

326 N. Belcher Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

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

Roy C. Skelton

REGISTERED AGENT MUST SIGN

Date 4/9/06

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,D	Roy C. Skelton	326 N. Belcher Road	Clearwater, Fl., 33765

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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:

Roy C. Skelton, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06

Date

727-449-8880

Daytime Phone #