

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133095

1. Corporation Name

MIDWAY DEVELOPMENT AND SERVICES, INC.

Principal Place of Business

Mailing Address

2181 BRISSON AVE
SANDFORD FL 32771

3665 SOUTH ORLANDO DRIVE
SUITE 479
SANDFORD FL 32773



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

27

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GREEN, EDDIE R	2181 BRISSON AVE	SANDFORD FL 32771

500025562105
12/17/03--01058--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, EDDIE R
2181 BRISSON AVE
SANDFORD FL 32771

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-09-2003 407
497-6464
Date Daytime Phone #

CR2040 (7/03)

December 09, 2003

Eddie Green
2181 Brisson Ave
Sanford, fl 32771

Florida Department of state
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Document # PO2000133095
EIN # 92-0185959

Owner: Eddie Green
Phone: 407-497-6464

Company: Midway Development and Services, Inc.

This letter is to inform the Division of corporations that I did not receive the necessary information to concerning the paperwork needed for active status for Midway Development and Services, Inc. I have notified your office through phone and they inform me to write a letter explaining the situation including the \$150.00 annual fee.

I am changing my mailing address to: 2181 Brisson Ave **New Mailing**
Sanford, fl 32771 ****Address****

The old Mailing Address is: 3665 South Orlando Drive
Suite 479
Sanford, Fl 32773

I hope this solve any other problems concerning paperwork needed for the Division of Corporations in order for Midway Development and Services, Inc. to stay in business.

Please call me ASPA of any status or changes of my corporation.

Thank You



Eddie R. Green
Officer and/or Director