


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -5 PH 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO3000099047*

1. Corporation Name
MID-FLORIDA TRUST AND PROPERTIES, INC.
Post Office Box 9666
Daytona Beach, FL 32120

2. Principal Office Address 4542 Clyde Morris Blvd. Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 9666 Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Daytona Beach, FL	
Zip 32127	Country USA	Zip 32120	Country USA

REINSTATEMENT *04-05*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number *20-0221322* 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
Sam Osta

Street Address (P.O. Box Number is Not Acceptable)
4542 Clyde Morris Blvd.

Suite, Apt. #, Etc.

City
Port Orange

State
FL

Zip Code
32127

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 *Sam Osta* REGISTERED AGENT MUST SIGN Date _____

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	Sam Osta	4542 Clyde Morris Blvd.	Port Orange, FL 32127

300051137483
04/19/05--01005--008 **300.00

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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *3-29-05* Daytime Phone # _____

CR2E081 (01/05)

SAM OSTA
4542 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32129
386-383-2900

April 4, 2005

To: State of Florida Reinstatement Department

Re: Mid Florida Trust and Properties, Inc.
FEI Number 20-0221322
Documents Number P03000099047

I moved to over a year ago to 4542 Clyde Morris Boulevard, Port Orange, Florida 32129. I never received my annual report notice from the State of Florida.

I am therefore asking that you reinstate this corporation at the new address and waive the reinstatement fees.

Mid Florida Trust and Properties, Inc.

By: 

Sam Osta, President