

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000099047

FILED
Oct 22, 2008
Secretary of State

Entity Name: MID-FLORIDA TRUST AND PROPERTIES, INC.

Current Principal Place of Business:

4542 CLYDE MORRIS BLVD
PORT ORANGE, FL 32127

New Principal Place of Business:

179 LEHIGH AVENUE
FLAGLER BEACH, FL 32136

Current Mailing Address:

4542 CLYDE MORRIS BLVD
PORT ORANGE, FL 32127

New Mailing Address:

179 LEHIGH AVENUE
FLAGLER BEACH, FL 32136

FEI Number: 20-0221322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTA, SAM
4542 CLYDE MORRIS BLVD
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

OSTA, SAM
179 LEHIGH AVENUE
FLAGLER BEACH, FL 32136 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAM OSTA

10/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSTA, SAM
Address: 4542 CLYDE MORRIS BLVD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM OSTA

PRES

10/22/2008

Electronic Signature of Signing Officer or Director

Date