


# 2005 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # P03000124119</b> 1. Entity Name MID FLORIDA EXTRADITIONS, INC.	
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FILED

05 JAN 26 PM 2: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1900 S. HARBOR CITY BLVD. SUITE 103 MELBOURNE, FL 32901	Mailing Address 1900 S. HARBOR CITY BLVD. SUITE 103 MELBOURNE, FL 32901
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01102005 REIN-P CR2E098 (6/04)

4. FEI Number <b>522 437 048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

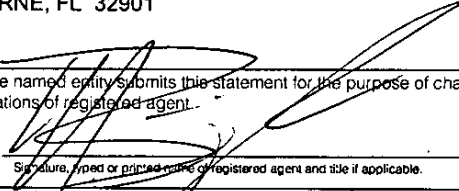
**6. Name and Address of Current Registered Agent**

BIRMINGHAM, MARK A  
1900 S. HARBOR CITY BLVD.  
SUITE 103  
MELBOURNE, FL 32901

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-14-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

**10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	BIRMINGHAM, MARK A
STREET ADDRESS	1900 S. HARBOR CITY BLVD. #103
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D <input type="checkbox"/> Delete
NAME	PHELAN-BIRMINGHAM, PATRICIA
STREET ADDRESS	1900 S. HARBOR CITY BLVD. #103
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>800045582788</b>
STREET ADDRESS	<b>01/28/05--01015--021 **900.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**(SIGNATURE:)**  DATE **1-14-05** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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