

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000017556

Entity Name: MID-STATE SOLUTIONS, INC.

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

New Principal Place of Business:

2304 COVENTRY AVE
LAKELAND, FL 33803 US

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

New Mailing Address:

2304 COVENTRY AVE
LAKELAND, FL 33803 US

FEI Number: 20-3214530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, MARY L
2304 COVENTRY AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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: MARY L WILLIAMS

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: WILLIAMS, MARY L
Address: 2304 COVENTRY AVE
City-St-Zip: LAKELAND, FL 33803 US

Title: VP () Delete
Name: WILLIAMS, ALAN
Address: 2304 COVENTRY AVE.
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILLIAMS, MARY L
Address: 2304 COVENTRY AVE
City-St-Zip: LAKELAND, FL 33803 US

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: MARY L WILLIAMS

Electronic Signature of Signing Officer or Director

PRES

07/09/2009

Date