

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000046463

1. Corporation Name

MID-FLORIDA TEXTURE, INC.

2. Principal Office Address - No P.O. Box #

2991 MONICA TERR.

3. Mailing Office Address

2991 MONICA TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

US

Zip

34744

Country

US

7. Name and Address of Current Registered Agent

Name

MCCULLOUGH, DOROTHY

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

2991 MONICA TERR.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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

REGISTERED AGENT MUST SIGN

Date 03/13/2007

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
PD	MCCULLOUGH, DOROTHY	2991 MONICA TERR.	KISSIMMEE FL 34744
VD	MCCULLOUGH, JACK	2991 MONICA TERR.	KISSIMMEE FL 34744
S	MCCULLOUGH, MICHELLE	2991 MONICA TERR.	KISSIMMEE FL 34744
T	LAKE, PATRICIA	610 KENTUCKY AVE	ST. CLOUD FL 34769

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 contained in Chapter 119, 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

03/13/2007

Date

321 624 0811

Daytime Phone #

FILED

07 MAR 26 AM 10:11

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800095814998

04/04/07--01045--012 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/2004

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status.

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.