

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000098257

1. Entity Name  
MID-CONTINENTAL ENTERPRISES, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATION

06 JAN 19 PM 4:26

Principal Place of Business  
1000 QUAYSIDE TERR #1608  
MIAMI, FL 33138

Mailing Address  
1000 QUAYSIDE TERR #1608  
MIAMI, FL 33138



2. Principal Place of Business  
2555 Polk Street  
Suite, Apt. #, etc.

3. Mailing Address  
2555 Polk Street  
Suite, Apt. #, etc.

01052006 REIN-P CR2E098 (11/05)

City & State  
Hollywood, FL  
Zip  
33020  
Country  
Broward

City & State  
Hollywood, FL  
Zip  
33020  
Country  
Broward

4. FEI Number  
20-1320606  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ODA, HIROHIKO  
1000 QUAYSIDE TERR #1608  
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2555 Polk Street  
City Hollywood FL Zip Code 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/06

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ODA, HIROHIKO	
STREET ADDRESS	1000 QUAYSIDE TERR #1608	
CITY-ST-ZIP	MIAMI, FL 33138	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oda, Hirohiko	
STREET ADDRESS	2555 Polk Street	
CITY-ST-ZIP	Hollywood, FL 33020	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300065111553  
02/03/06--01004--013 \*\*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/06

(547)394-1004

AMW