

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 26 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000084491

1. Corporation Name

Midway stop inc
B

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

850 Capital Walk

3. Mailing Office Address

850 Capital Walk

Suite, Apt. #, etc.

Apt 4107

Suite, Apt. #, etc.

Apt 4107

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

300208181073
05/27/11--01003--009 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-0588166

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Samer Darwish

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

850 Capital Walk

Suite, Apt. #, Etc.

Apt 4107

City

Tallahassee

State

FL

Zip Code

32343

REINSTATEMENT

09-11

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

Samer

REGISTERED AGENT MUST SIGN

Date 05-26-2011

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
<u>P</u>	<u>Samer M. Darwish</u>	<u>850 Capital Walk Dr Apt 4107</u>	<u>Tallahassee, FL 32303</u>

10. E-mail Address: Samer Darwish1983@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Samer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-26-2011

Date

Daytime Phone #