

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W 04 2000 04 19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 19 AM 8:00

DOCUMENT # P94000081038

1. Corporation Name

MidAmerica Financial Corporation

REINSTATEMENT

02-04
MRS

600028152846

02/19/04--01005--026 **150.00

2. Principal Office Address
4801 S. University Drive

Suite, Apt. #, etc.

Suite 132

City & State

Fort Lauderdale

Zip

33328

Country

Broward

3. Mailing Office Address

4801 S. University Drive

Suite, Apt. #, etc.

Suite 132

City & State

Fort Lauderdale

Zip

33328

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1994

5. FEI Number

65-0532210

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

Michele Bournst

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

4801 S. University Drive

Suite, Apt. #, Etc.

Suite 132

City

Fort Lauderdale

State

FL

Zip Code

33328-3832

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

Michele Bournst

Date 01-28-2004

REGISTERED AGENT MUST SIGN

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
D	Al Pedraja	4801 S. University Drive Suite 132	Fort Lauderdale, FL 33328

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 under section 119.07(3)(i), 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:

Al Pedraja

Al Pedraja

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-2004 (954) 434-9554

Date

Daytime Phone #

CR2E081 (10/02)