

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000002515

1. Corporation Name

MID-WAY FARM AND RANCH SUPPLY, INC.

2. Principal Office Address

19211 State Road 52

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

Zip  
34639

Country  
USA

3. Mailing Office Address

19211 State Road 52

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

Zip  
34639

Country  
USA

FILED

06 JUN 16 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1995

5. FEI Number

59-3302788

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

Campbell, Peggy G.

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

19211 State Road 52

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34639

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

*Peggy G. Campbell*  
REGISTERED AGENT MUST SIGN

Date 6/9/2006

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	Campbell, Truman D.	28745 St. Joe Road	Dade City, FL 33525
STD	Campbell, Peggy G.	28745 St. Joe Road	Dade City, FL 33525

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

*Peggy G. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy G. Campbell

6/9/2006

Date

813-996-3317

Daytime Phone #

**MID-WAY FARM & RANCH SUPPLY, INC.**

19211 State Road 52  
Land O Lakes, Florida 34639

282

June 9, 2006


Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Enclosed please find our check in the amount of \$1,350.00 and reinstatement application.

Pursuant to the instructions for reinstatement, I attest that our corporation did not receive the annual report notice(s) in the year of dissolution. We are requesting waiver of the \$600.00 reinstatement fee.

Sincerely,  
MID-WAY FARM & RANCH SUPPLY



Peggy G. Campbell  
Secretary / Treasurer