
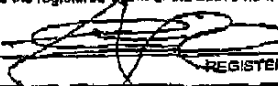
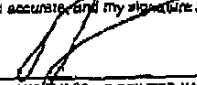


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000044604 1. Corporation Name MID-FLORIDA MANAGEMENT CORPORATION			
2. Principal Office Address 3250 Mary Street Suite, Apt. #, etc. Suite 306 City & State Miami, Fl. 33133 Zip Country		3. Mailing Office Address 3250 Mary Street Suite, Apt. #, etc. Suite 306 City & State Miami, Fl. 33133 Zip Country	
		4. Date Incorporated or Qualified To Do Business In Florida 6/9/95 5. FGI Number 59-3320174 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Alan W. Levina, Esq. Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue Suite, Apt. #, Bldg. 7th Floor City Miami State FL Zip Code 33131			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0805 or 817.0503, F.S. Signature of Registered Agent  Date 7/15/03 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Paul C. Steinfurth	3250 Mary Street Suite 306	Miami, Fl. 33133
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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(2)(f), 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: 		Date 7/15/03	Daytime Phone # (305) 447-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 JUL 17 AM 10:07

MRS

(SECTION 119.07)

Division of Corporations

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Division of Corporations  
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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

*SYK*

**CORPORATION REINSTATEMENT**

**MID-FLORIDA MANAGEMENT CORPORATION**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75