


H03000235089 7

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 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	

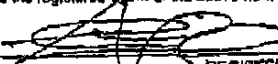
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JUL 17 AM 10:07

MRS

7. Name and Address of Current Registered Agent

Name Alan W. Levine, 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

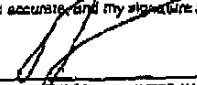
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0805 or 817.0503, F.S.

Signature of Registered Agent  Date 7/15/03
 REGISTERED AGENT MUST SIGN

9. Name 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

Division of Corporations

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Florida Department of State
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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
Page Count	02
Estimated Charge	\$908.75