

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061706

1. Corporation Name

MID TOWN CONSTRUCTION
COMPANY INC

2. Principal Office Address

2820 TENNIS CLUB DR PO BOX 62

Suite, Apt. #, etc.

APT 211

City & State

W P Beach FL

Zip

33417

Country

USA

3. Mailing Office Address

LAKE WORTH FL

Suite, Apt. #, etc.

LAKE WORTH FL

City & State

33460

Zip

33460

Country

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/10/95

5. FEI Number

59 3337496

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

Peter Smith 2820 Tennis Club Dr

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

APT 211

Suite, Apt. #, Etc.

W P Beach

City

West Palm Beach

800048027008

03/09/05--01005--015 **450.00

State

FL

Zip Code

33417

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

Peter Smith

REGISTERED AGENT MUST SIGN

Date

2/8/05

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>Pres</u>	<u>Peter Smith</u>	<u>2820 Tennis Club Dr</u>	<u>W P Beach FL 33417</u>
<u>VP</u>	<u>J C Glasgow</u>	<u>1525 N Beach Rd #4</u>	<u>Maryville Ga 30401</u>

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:

PETER SMITH Peter Smith President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Pete Smith
2820 Jensen Club Dr
W P Beach FL 33417
2/24/05

To whom it may Concern

I call on 2/24/05 to find out why I didn't received the renewal I was told that check was send back for lack of enough fund for the renewal on Oct 10/01 I fell on a log had was to go to the hospital but in the mean time I still check with the Post office once a week from 10/10/01 every week and did not see any mail from Dept of State for the renewal of the Corporation.

I did mention that to a lady when I did call I told her that and she said they send it out and it didn't come back that doesn't mean I get that letter and that is the truth after all I am senior Citizen why should I lie to save money I would not do that.

The Bible said a lying tongue is a browning-
tion unto the Lord and I took the bad
when I spoke a lady on 2/24/05 she told
me to send in ~~\$~~ \$450.00 with a letter
explaining what happen I didn't get anything
from the State for 2003 and 2004
I will send a copy of the Doctor findings
and I did not return to any work from 10/10/01
and I am on pain If an on as soon as the
Corp renew I will start business again.

ck ~~\$~~ \$450.00

Sincerely
Pete Smith