

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000078450
 1. Corporation Name
MID FLORIDA SERVICES, INC.

Principal Place of Business Mailing Address
 28 A Hill Rd. 28A Hill Rd.
 Parsippany, NJ 07054 Parsippany, NJ 07054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 9/19/96

5. FEI Number
 59-3420036

6. CERTIFICATE OF STATUS DESIRED

Applied For
 Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Richard Dubnoff	2 Torries Lane	Boonton, NJ 07007

8. Name and Address of Current Registered Agent

Richard Dubnoff
 9701 Chestnut Ridge Dr.
 Windermere, Florida 34786

9. Name and Address of New Registered Agent

Name: **Richard Dubnoff**
 Street Address (P.O. Box Number is Not Acceptable): **5108 Fairway Oaks Drive**
 Suite, Apt. #, Etc.:
 City: **Windermere** State | Zip Code: **FL 34786-8793**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent BY: [Signature] Date: _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(d), 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: [Signature] Date: 4/15/99 Daytime Phone #: 973-331-9230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD DUBNOFF, President

99 APR 20 PM 5:00
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04/23/99 01010-002
 ***1050.00 ***1050.00

007600 (7/98)