

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION FOR REINSTATEMENT

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

98 DEC 17 PM 12:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 297000003178

1. Corporation Name

MIDWAY COMPONENTS CORP.

Principal Place of Business

Mailing Address

7378 N.W. 54 ST
MIAMI, FL 33166

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

JANUARY 1998

5. FEI Number

05-0725303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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	Cesar T Garcia	1722 S.W. 104 Pl.	MIAMI FL 33165
V	Cesar T Garcia	1722 S.W. 104 Pl.	MIAMI FL 33165
S	Cesar T Garcia	1722 S.W. 104 Pl.	MIAMI FL 33165

3000002724233-5
-12/29/98-01008-006
***190.00 ***190.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Cesar T Garcia
7378 N.W. 54 ST
MIAMI FL 33166

FL

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

REGISTERED AGENT MUST SIGN

Date 12/15/98

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)(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.

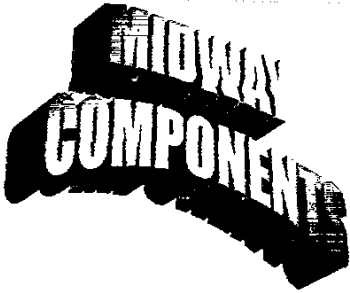
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cesar T Garcia President

12/15/98 305-882-8900
 Date Daytime Phone #

CR2E040 (1/93)



TO: FLORIDA DEPT. OF STATE
ATTN: TBRUMBLEY AT
DIVISION OF CORPORATIONS DEPT.
FROM: CESAR T. GARCIA

12/16/98

DEAR AGENT TBRUMBLEY:

GOOD MORNING, AS PER OUR CONVERSATION EARLIER THIS WEEK, I INFORMED YOU THAT WE WERE A NEW COMPANY ESTABLISHED SINCE LAST YEAR. WE MOVED LAST YEAR TO OUR CURRENT LOCATION, AND WE HAVE BEEN UNAWARE THAT WE HAD TO PAY A FEE TO THE STATE GOVERNMENT FOR THE CORPORATION EVERY YEAR. WE APOLOGIZE, AND REQUEST IF POSSIBLE THAT THE PENALTY FINE BE WAIVED. THANK YOU, FOR YOUR TIME, AND WISH YOU A HAPPY HOLIDAY SEASON.

SINCERELY YOURS,

A handwritten signature in black ink, appearing to be "Cesar T. Garcia", written over a horizontal line.

CESAR T. GARCIA