

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000040550

1. Corporation Name

The Midland Group, Inc.

C# 3887

2037

203 Palm Vista Drive

203 Palm Vista Drive

2. Principal Office Address

203 Palm Vista Drive

2037

Suite, Apt. #, etc.

N/A

City & State

Apopka, FL

Zip

32712-2454

Country

U.S.

3. Mailing Office Address

203 Palm Vista Drive

2037

Suite, Apt. #, etc.

N/A

City & State

Apopka, FL

Zip

32712-2454

Country

U.S.

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

05-06-1997

5. FEI Number

582318311

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

Lee Marshall

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

203 Palm Vista Drive

2037

Suite, Apt. #, Etc.

N/A

City

Apopka,

State

FL

Zip Code

32712-2454

REINSTATEMENT

05-04
JPM

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

Lee Marshall (P) 12/6/04

Date

12-6-04

REGISTERED AGENT MUST SIGN

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
P D	Lee Marshall	2037 203 Palm Vista Drive	Apopka, FL 32712-2454
D	Paul Marshall	17 Brookhaven Drive	Atlanta, GA 30319

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/2004

Date

Daytime Phone #

CFR2081 (01/04)