

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000049013

1. Entity Name
MID FLORIDA SECURITY GROUP INCORPORATED



FILED
05 JAN 26 PM 2:32

Principal Place of Business: 1900 S. HARBOR CITY BLVD. STE. 103 MELBOURNE, FL 32901

Mailing Address: 1900 S. HARBOR CITY BLVD. STE. 103 MELBOURNE, FL 32901

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01102005 REIN-P CR2E098 (6/04)

4. FEI Number: 59-3511399

Applied For: Not Applicable

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRMINGHAM, MARK A
1900 S. HARBOR CITY BLVD. STE. 103
MELBOURNE, FL 32901

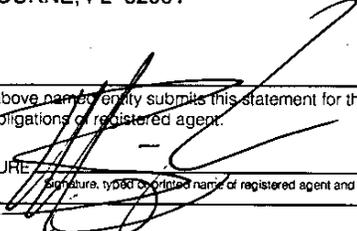
7. Name and Address of New Registered Agent

Name: _____

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

City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  1-14-05

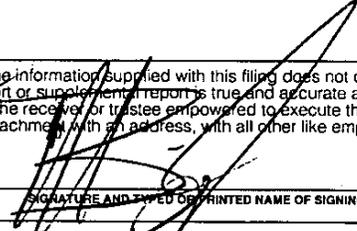
(NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRMINGHAM, PATRICIA	NAME	900045582779
STREET ADDRESS	1900 S. HARBOR CITY BLVD. STE. 103	STREET ADDRESS	01/28/05--01015--020 **\$900.00
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRMINGHAM, MARK A	NAME	
STREET ADDRESS	1900 S. HARBOR CITY BLVD. STE. 103	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-14-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____