

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049013

1. Corporation Name

MID FLORIDA SECURITY GROUP, INC

2. Principal Office Address

1900 S HARBOR CITY BLVD

Suite, Apt. #, etc.

103

City & State

MELBOURNE

Zip

32901

Country

US

3. Mailing Office Address

1900 S HARBOR CITY BLVD

Suite, Apt. #, etc.

103

City & State

MELBOURNE

Zip

32901

Country

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

7/97

5. FEI Number

59-3511399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300011182123
01/29/03--01057--004 **750.00

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

MARK A BIRMINGHAM

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

1900 S HARBOR CITY BLVD

Suite, Apt. #, Etc.

103

City

MELBOURNE

State
FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

11/26/2002

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
TREAS	PATRICIA BIRMINGHAM	1900 S HARBOR CITY BLVD STE 103	MELBOURNE FL 32901
SEC	MARK A BIRMINGHAM	1900 S HARBOR CITY BLVD STE 103	MELBOURNE FL 32901

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

MARK A. Birmingham

Date

11/26/02

Daytime Phone #

321 676-2373

CR2E081 (9/01)

98 1/31