

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091572

1. Corporation Name

MIDFLORIDA PROPERTIES, INC.

2. Principal Office Address

**1100 E. Rose Street
Lakeland FL 33801**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

**Post Office Box 2544
Lakeland FL 33806-2544**

Suite, Apt. #, etc.

City & State

Zip

Country

200022370462
08/18/03--01014--019 **1200.00

200022370462
08/18/03--01014--018 **8.75

**4. Date Incorporated or Qualified
To Do Business in Florida** **10/28/98**

5. FEI Number
59-3564456

Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee req**
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M.E. Rawls

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

1100 E. Rose Street

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

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

7/23/02

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
PSTD	M.E. Rawls	1100 E. Rose Street	Lakeland, FL 33801

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 292-9400
7/23/02