

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MIDWAY DEVELOPMENT, INC.

999 0000 78038

400008050084--2

-09/26/02--01038--006

****908.75 ****908.75

REINSTATEMENT 01-02

2. Principal Office Address

1225 NW AVENUE L

Suite, Apt. #, etc.

102

City & State

BELLE GLADE, FL

Zip

33430

Country

PALM BEACH

3. Mailing Office Address

1225 NW AVENUE L

Suite, Apt. #, etc.

102

City & State

BELLE GLADE, FL

Zip

33430

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/1999

5. FEI Number

65-0951128

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

TRIPP, DARRYL

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

1225 NW AVENUE L

Suite, Apt. #, Etc.

102

City

BELLE GLADE

State

FL

Zip Code

33430

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

Darryl D. Tripp

Date 9/20/02

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
D	PERRYMAN, BARTON	722 EAST DELMONTE	CLEWISTON, FL 33440
D	TRIPP, DARRYL D.	412 NE THIRD STREET	BELLE GLADE, FL 33430

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:

Darryl D. Tripp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

561-996-9111

Daytime Phone #

CR2E081 (9/01)