

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 899000109220

1. Corporation Name

Mid-Star Construction, Inc.
722 NorthLake Boulevard

REINSTATEMENT 03

000025312340
12/08/03--01014--028 **750.00

2. Principal Office Address

722 NorthLake Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

722 NorthLake Boulevard

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

Zip

34689

Country

Pinellas

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

12/14/1999

5. FEI Number

593614201

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

Dimitrios Tsalickis

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

722 NorthLake Boulevard

Suite, Apt. #, Etc.

City

Tarpon Springs

State
FL

Zip Code
34689

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/01/03**

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	Dimitrios Tsalickis	722 NorthLake Blvd	Tarpon Springs, FL 34689
VP	George Tsalickis	1040 Wideview Avenue	Tarpon Springs, FL 34689
S	Evie Tsalickis	722 NorthLake Blvd	Tarpon Springs, FL 34689

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]

Dimitrios Tsalickis, Pres 12/01/2003 727-937-5782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)