

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L83454

1. Corporation Name
MILLER MAGNETIC, INC.

Principal Place of Business 2942 W. COLUMBUS DR. STE. #101 TAMPA FL 33607	Mailing Address 2942 W. COLUMBUS DR. STE. #101 TAMPA FL 33607
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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FILED

99 NOV 15 PM 3:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida 08/28/1990	SP
5. FEI Number 65-0202062	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE 75. Advertisements required by a Corporation in FLORIDA</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILLER, BRUCE	2942 W. COLUMBUS DR #101	TAMPA FL
STD	MILLER, DONNA S	2942 W. COLUMBUS DR #101	TAMPA FL

8. Name and Address of Current Registered Agent MILLER, DONNA S. 2942 COLUMBUS DR SUITE 101 TAMPA FL 33607	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Donna S. Miller* Date _____

REGISTERED AGENT MUST SIGN

11. 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: *Donna S. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E140 (8/99)