PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # N01000006806

1. Corporation Name

MILLER STREET NEIGHBORHOOD RENEWAL, INC.

Principal Place of Business	Mailing Address
1331 MILLER ST. ORANGE PARK FL 32073	PO BOX 49 ORANGE PARK FL 32067-0049

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/2001

5. FEI Number: 59-3741443 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

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
CD	RANDALL, W H	1976 HARBOR ISLAND DRIVE	ORANGE PARK FL 32003
SD	PERRY, LESTER	2358 DUNLIN COURT	ORANGE PARK FL 32073
TD	MURRY, LEVARN	3324 DEERFIELD POINTE DRIVE	ORANGE PARK FL 32073
D	GREEN, CAREY	1961 CALUSA TRAIL	MIDDLEBURG FL 32065
D	WILSON, WILLIE	8140 CORALBERRY LANE W	JACKSONVILLE FL 32244

8. Name and Address of Current Registered Agent

RANDALL, WILLIAM H
1976 HARBOR ISLAND DRIVE
ORANGE PARK FL 32003

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

400023921044
10/17/03--01094--002 ********25

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *William H. Randall* — Date: 10-15-2003
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: *William H. Randall* — 10-15-2003 — 904-215-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #