

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 SEP -4 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000010193

1. Corporation Name  
MILLMAN ENTERPRISES INC

2. Principal Office Address  
75 ERIC DRIVE

3. Mailing Office Address  
SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PALM COAST, FLORIDA

City & State  
SAME AS #2

Zip  
32164

Country

Zip  
#2

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 1-14-05

5. FEI Number  
20-2220217

Applied For  
Not Applicable

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

**REINSTATEMENT** 06-07

**7. Name and Address of Current Registered Agent**

Name  
JENNIFER MILLMAN

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

Suite, Apt. #, Etc.

City  
PALM COAST

State Zip Code  
FL 32164

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

Date AUGUST 25, 2007

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
P,T,D	MATTHEW MILLMAN	75 ERIC DRIVE	PALM COAST, FL 32164
S,VP,D	JENNIFER MILLMAN	75 ERIC DRIVE	PALM COAST, FL 32164

8/9/07

600109993126  
09/04/07--01033--001 \*\*200.00

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:

JENNIFER MILLMAN, SEC

8-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

August 24, 2007

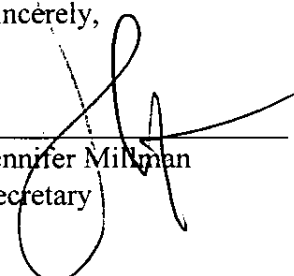
Re: Millman Enterprises, Inc.  
Reinstatement

To Whom it May Concern,

Enclosed please find my reinstatement form as well as a check for \$300.00 to bring my corporation up to date thru 2007. I had not ever received a renewal and I believe it may be due to an incorrect address. My new address can be found on the reinstatement paperwork.

Thank you for your time in this matter.

Sincerely,

  
\_\_\_\_\_  
Jennifer Millman  
Secretary

8/27/07