

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035117

1. Corporation Name

BDMiller, Inc. (formerly BDM, Inc.)

2. Principal Office Address - No P.O. Box #

9046 Callaway Drive

Suite, Apt. #, etc.

City & State

Trinity, FL

Zip

34655

Country

Pinellas

3. Mailing Office Address

9046 Callaway Drive

Suite, Apt. #, etc.

City & State

Trinity, FL

Zip

34655

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Bradley D. Miller

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

9046 Callaway Drive

Suite, Apt. #, Etc.

City

Trinity

State

FL

Zip Code

34655

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

Bradley D. Miller

REGISTERED AGENT MUST SIGN

Date October 15, 2008

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
DPS	Bradley D. Miller	9046 Callaway Drive	Trinity, FL 34655

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 contained in Chapter 119, 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:

Bradley D. Miller PRES.

Bradley D. Miller

October 15, 2008

(727) 410-4941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 20 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137072067
10/20/08--01045--014 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida April 17, 1997

5. FEI Number
59-3453462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

10/21