

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 405183 1. Entity Name MILLMAN & ASSOCIATES, INC.																													
Principal Place of Business 8614 WEST STATE ROAD 84 DAVIE, FL 33324 US			Mailing Address 8614 WEST STATE ROAD 84 DAVIE, FL 33324 US																										
2. Principal Place of Business - No P.O. Box # 16105 NE 18 AVE		3. Mailing Address 4581 WESTON RD																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #369																											
City & State N. MIAMI BCH, FL		City & State WESTON, FL		4. FEI Number 65-0296518																									
Zip 33162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip 33331		Country USA		10172008 REIN-P CR2E098 (1/07)																									
6. Name and Address of Current Registered Agent MILLMAN, HARRIS M 8614 WEST STATE ROAD 84 DAVIE, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18 AVE City N. MIAMI BEACH FL Zip Code 33162																										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: HARRIS MILLMAN PRESIDENT 10/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																										
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REINSTATEMENT

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HARRIS MILLMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/08 305-992-6445
Date Daytime Phone #