

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **506986**

1. Corporation Name

MILLERS' PIER CORPORATION

Principal Place of Business
1001 3RD. AVE. W. Suite 350
~~1200 1ST AVENUE WEST~~
 BRADENTON FL 34205

Mailing Address
1001 3RD. AVE. W. Suite 350
~~1200 1ST AVENUE WEST~~
 BRADENTON FL 34205

FILED

01 NOV -6 PM 12: 17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *2001*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 1001 3RD. AVE. W. STE 350		Suite, Apt. #, etc. 1001 3RD. AVE. W. STE. 350		07/01/1976	
City & State		City & State		5. FEI Number	
				59-1685546	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
DP	MILLER, C. DONALD JR	216 21ST ST WEST	BRADENTON FL 34205
VST	MILLER, HUGH D.	1111 3RD AVE STE 200 1001 3RD. AVE. STE. 350	BRADENTON FL 34205
			700004698687--6 -11729701--01058--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MILLER, C. DONALD JR 1111 3RD AV W SUITE 200 BRADENTON FL 33505		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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.

Signature of Registered Agent: *[Signature]* Date: **10/22/01**

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: *[Signature]* **HUGH MILLER** Date: **10-22-01** Daytime Phone #: **941-748-3433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)