

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532513

1. Corporation Name

MILLER BUILDING PRODUCTS, INC.

Principal Place of Business

98 S.E. 7TH STREET
DEERFIELD BEACH FL 33441

Mailing Address

98 S.E. 7TH STREET
DEERFIELD BEACH FL 33441

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1977

5. FEI Number

59-1733202

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
STD	ROGERS, JOHN	35 S. E. 8TH AVE	DEERFIELD BEACH FL
PD	RIEDEL, RALPH	371 SE 10TH ST.	POMPANO BEACH FL
VD	STILLS, JAMES	63 SE 5TH AVENUE	DEERFIELD BEACH FL
D	ROGERS, GREGORY	404 SE 6TH AVE	DEERFIELD BEACH FL

400002462564-0
-03/19/98--01/09--01/98
****900.00 ****900.00

8. Name and Address of Current Registered Agent

ROGERS, GREGORY
98 S.E. 7TH STREET
DEERFIELD BEACH FL 33441

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

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

Gregory A Rogers

REGISTERED AGENT MUST SIGN

Date

2-12-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 MAR 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR20040 (8/97)