

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *App 152*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **577149**

1. Corporation Name

**HENRY MILLER, P.A.**

Principal Place of Business

**507 SW 3RD STREET  
BELLE GLADE FL 33430**

Mailing Address

**507 SW 3RD STREET  
BELLE GLADE FL 33430**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 NOV 25 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**800009515928**

12/16/02--01010--010 \*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/27/1978**

5. FEI Number

**59-1878060**

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | MILLER, HENRY                             | 507 SW 3RD STREET                                      | BELLE GLADE FL 33430    |
| S             | MILLER, HARMA                             | 507 SW 3RD STREET                                      | BELLE GLADE FL 33430    |
| T             | MILLER, HARVA                             | 507 SW 3RD STREET                                      | BELLE GLADE FL 33430    |
| V             | MILLER, HEATH                             | 507 SW 3RD STREET                                      | BELLE GLADE FL 33430    |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

**MILLER, HENRY  
507 SW 3RD STREET  
BELLE GLADE FL 33430**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Henry Miller, P.A.*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*November 21, 2002*

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:

*Henry Miller, P.A.*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*November 21, 2002*  
Date

*(561) 996-0650*  
Daytime Phone #

CR2040 (802)

Miller Mortuary

507 S.W. 3rd Street  
Belle Glade, Florida 33430

(561) 996-0650

November 21, 2002

Secretary of State  
Department  
Tallahassee Florida

I did not receive the 2002 information  
before now. I would like the late fees  
to be waived, Amount enclosed \$158.75

Respectfully  
Hen Miller, P.A.