

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moynihan</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F93521</b> <small>Corporation Name</small> <b>MILEY CORPORATION</b>			
<small>Principal Place of Business</small> <b>9210 HYALEAH ROAD</b> <b>TAMPA FL 33617</b> <b>US</b>		<small>Mailing Address</small> <b>9210 HYALEAH RD</b> <b>TAMPA FL 33617</b> <b>US</b>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<b>2. New Principal Office Address, If Applicable</b> <small>Suite, Apt. #, etc.</small> <small>City &amp; State</small> <small>Zip</small>		<b>3. New Mailing Office Address, If Applicable</b> <small>Suite, Apt. #, etc.</small> <small>City &amp; State</small> <small>Zip</small>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>06/05/1982</b>		<b>5. FEI Number</b> <b>59-2419372</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>TS</b>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</b>	<b>City / State / Zip</b>
<b>PVP</b>	<b>MILEY, MILDRED G</b>	<b>9214 N HYALEAH</b>	<b>TAMPA, FL 00000</b>
<b>VP</b>	<b>MILEY, GORDON H.</b>	<b>9214 N. HYALEAH</b>	<b>TAMPA, FLORIDA 33617</b>
<div style="text-align: right;"> <b>100002918671--4</b>  <b>-06/29/99--01057--011</b>  <b>****150.00 ****150.00</b> </div>			
<div style="text-align: center;"> <b>REINSTATEMENT 98-99</b> </div>			
<div style="text-align: right;"> <b>100002918671--4</b>  <b>-06/29/99--01057--012</b>  <b>***758.75 ***758.75</b> </div>			
<b>8. Name and Address of Current Registered Agent</b>		<b>9. Name and Address of Agent for Service of Process</b>	
<b>MILEY, MILDRED G</b> <b>9214 N HYALEAH</b> <b>TAMPA FL 33617</b>		<b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>Suite, Apt. #, Etc.</b> <b>City</b>	
<b>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.</b>		<b>State</b> <b>FL</b> <b>Zip Code</b>	
<b>Signature of Registered Agent</b> <i>Mildred Miley</i>		<b>Date</b> <i>11-17-98</i>	
<b>11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>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.</b>			
<b>SIGNATURE:</b> <i>Gordon H. Miley V. P.</i>		<b>Date</b> <i>11-17-98</i>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Daytime Phone #</b> <i>988 6605</i>	