

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

60-G30428
MILLER ARTS INC.

2. Principal Office Address

3150 PEMBROKE
Suite, Apt. #, etc. *BAY 451*

City & State

HALLANDALE FL

Zip

33009

Country

USA

3. Mailing Office Address

21050 POINT PLACE
Suite, Apt. #, etc. *1404*

City & State

AVENTURA FL

Zip

33180

Country

USA

REINSTATEMENT *8-00*

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEEL Number

51-227278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES J GOLDMAN

Street Address (P.O. Box Number is Not Acceptable)

601 S FEDERAL HIGHWAY

Suite, Apt. #, Etc.

HOLLYWOOD FL 33020

City

State
FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-2-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SUSAN MILLER	21050 POINT PLACE AVENTURA FL 33180	*1404 AVENTURA FL 33180

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***1050.00 ***1050.00

10. 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: Susan Miller]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-12-00

Daytime Phone #

KE

CR2E081 (9/99)