

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV 15 AM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 673673

**1. Corporation Name**

PAUL W. MILLER GENERAL CONTRACTOR, INC.

**2. Principal Office Address**

P.O. BOX 908

Suite, Apt. #, etc.

City & State

HIGHLAND CITY, FL

Zip

33846

Country

**3. Mailing Office Address**

P.O. BOX 908

Suite, Apt. #, etc.

City & State

HIGHLAND CITY, FL

Zip

33846

Country

**REINSTATEMENT**

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

12/12/1983

**5. FEI Number**

592357764

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

BETTY JO MILLER

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

4200 CREEKWOOD LANE

Suite, Apt. #, Etc.

City

MULBERRY

State  
**FL**

Zip Code

33860

000009029650

11/15/02-01077-019 \*\*\* 308.75

**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

*Betty Jo Miller*

REGISTERED AGENT MUST SIGN

Date

11/14/02

**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
DV	BETTY JO MILLER	4200 CREEKWOOD LANE	MULBERRY, FL 33860

**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:

*Betty Jo Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02

Daytime Phone #

CR2E081 (9/01)