

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G78413**

1. Corporation Name

MILLERS OF LAGUNA BEACH, INC.

Principal Place of Business

20800 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Mailing Address

20800 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

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

01/05/1984

5. FEI Number

59-2382610

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 3	City / State / Zip 4
PSD	MILLER, GERALD EDWARD	20800 FRONT BCH. ROAD	PANAMA CITY BCH.FL
VTD	MILLER, LORETTA LAKES	20800 FRONT BCH. ROAD	PANAMA CITY BCH FL

500008734355
10/31/02--01113--014 **750.00

8. Name and Address of Current Registered Agent

MILLER, GERALD EDWARD

~~20710 WEST ALTERNATE 98~~ 20800 Front Beach RD
~~PANAMA CITY BEACH FL 32407~~ Panama City, Bch, Fl
32413

9. Name and Address of New Registered Agent

Name

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

20800 Front Bch RD

Suite, Apt. #, Etc.

Panama City, Bch

City

State

FL

Zip Code

32413

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

[Signature]
SIGNATURE REQUIRED

Date

10/30/02

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 858-234-5657

CR25040 (8/02)