PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1998 APR -3 PM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86842 ~~605402~~

1. Corporation Name

MILLIE'S SUNDRIES, INC.

Principal Place of Business	Mailing Address
1400 Grinnell Street Key West, FL 33040	517 Whitehead Street Key West, FL 33040

200002482182--7
-04/08/98--01013--017
***1050.00 ***1050.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1400 Grinnell St.
Suite, Apt. #, etc.
City & State: Key West, FL
Zip: 33040 Country: U.S.A.

3. New Mailing Office Address, If Applicable
517 Whitehead Street
Suite, Apt. #, etc.
City & State: Key West, FL
Zip: 33040 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: Feb. 21, 1984

5. FEI Number: 59-2373648 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.	~~Guy Jungbecker~~ Manfred Voigt	1400 Grinnell Street	Key West, FL 33040
VP.	Rudiger Welvers	519 Parkside Drive	Palatine, IL 60067

REINSTATEMENT 4/3/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Gregory G. Farrelly
Street Address (P.O. Box Number is Not Acceptable): c/o Catalfomo & Farrelly
Suite, Apt. #, Etc.: 517 Whitehead Street
City: Key West State: FL Zip Code: 33040

CR2E040 (12/96)

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.

Signature of Registered Agent: Gregory G. Farrelly (REGISTERED AGENT MUST SIGN) Date: November 14, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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.

SIGNATURE: Manfred H. Voigt Manfred Voigt ~~Guy Jungbecker~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305)294-4190
Daytime Phone #