

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**

1997 SEP 22 PM 2: 4'
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 123320

1. Corporation Name

MILEY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**1600 W. EAU GALLIE BLVD.
SUITE #201
MELBOURNE, FL 32935**

SAME

100002300781--7

-09/23/97--01039--012

******915.00 ****915.00**

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2518554

Not Applicable

Zip

Country

Zip

Country

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	WILLIAM R. TOLLEY	4250 PINWOOD ROAD	MELBOURNE, FL 32934
VP	JAMES D. CARRAWAY	3820 RIVERSIDE DRIVE	INDIALANTIC, FL 32903
S	DEAN R. ORR	505 WEKIVA SPRINGS ROAD, #800	LONGWOOD, FL 32779

8. Name and Address of Current Registered Agent

**THOMAS D. WALDRON, ESQ.
121 E. HIBISCUS BLVD.
MELBOURNE, 32901**

9. Name and Address of New Registered Agent

Name
WILLIAM C. POTTER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
700 S. BABCOCK STREET, SUITE #400
Suite, Apt. #, Etc.
City
MELBOURNE, FL
State
FL
Zip Code
32901

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

REGISTERED AGENT MUST SIGN

Date

9/19/97

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:

William R. Tolley

William R. Tolley, President (407) 752-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)