PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
16 JAN 13 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (11/10)

DOCUMENT # H68827

1. Corporation Name

D.A. MILLER, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2110 W. Cervantes St.	2110 W. Cervantes St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32505 Country: USA	Zip: 32505 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/1985

5. FEI Number: 59-2574736 (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: MILLER, DEWEY A.

Street Address (P.O. Box Number is Not Acceptable): 2110 W. CERVANTES STREET

Suite, Apt. #, etc.

City: PENSACOLA State: FL Zip Code: 32505

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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] Date: 1/11/16

REGISTERED AGENT MUST SIGN

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
PST	Miller, D.A.	1830 Sandra Drive	Pensacola, FL 32506
D	Miller, D.A.	1830 Sandra Drive	Pensacola, FL 32506
	REINSTATEM...	JAN 1[illegible] 2016	
		R. HUNT	

10. E-mail Address: NO INTERNET
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 1/11/16 (850)434-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #