PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY 21 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P78333

1. Corporation Name: Mark Miller One, Inc.

Principal Place of Business: 8312 US 19 New Port Richey FL 34668

Mailing Address:

REINSTATEMENT 05-97

If above address(es) 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
9851-113th ST #109
Suite, Apt. #, etc.
City & State: Seminole FL
Zip: 33772 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: Dec 17-1987

5. FEI Number: 59-2950304 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Street Address of Each Officer and/or Director (If 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	Mark Calautti	9851-113th #109	Seminole FL 33772
S	Kitty Calautti	9851-113th #109	Seminole FL 33772
VP	Joseph Calautti	2010 Coney Island Ave	Brooklyn NY
T	Mark Calautti	9851-113th #109	Seminole FL 33772

05-21-97

8. Name and Address of Current Registered Agent

Mark Calautti
9851-113th #109
Seminole FL 33772

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City State: FL Zip Code

200002189732--5
-05/23/97--01056--012
***1088.75 ***1088.75

10. I hereby accept appointment as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Mark Calautti
REGISTERED AGENT MUST SIGN

Date: 5/21/97

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 for 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 corporations 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: Mark Calautti — 5/21/97 — 813-371-2964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E120 (12/96)