PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000013411

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:29

700009035297
11/15/02--01107--007 **598.25

DOCUMENT # L01000013411

1. Limited Liability Company's Name
MILROSE, LLC

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
1702 S. Washington Avenue	P.O. Box ~~1925~~ 1975	Florida/USA
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A	5. Date Organized or Qualified To Do Business in Florida: 8/10/01
City & State Titusville, Florida	City & State Cape Canaveral, Florida	6. FEI Number: Applied For [X] Applied For [ ] Not Applicable
Zip: 32780 Country: USA	Zip: 32920 Country: USA	7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOHN H. EVANS, ESQUIRE

700009035297
05/15/03--01017--001 **50.00

Street Address (P.O. Box Number is Not Acceptable)
1702 S. Washington Avenue

04/29/03--01024--001 **5.00

Suite, Apt. #, Etc.
N/A

City: Titusville, State: FL Zip Code: 32780

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date April 8, 2003
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lloyd R. Milliken	300 Sykes Creek Parkway #805	Merritt Island, Fl. 32952
MEM	Rhoda Solano	1850 Harbor Pt. Drive	Merritt Island, Fl. 32952
	FF $200		
	Ces 5	REINSTATEMENT 02-03	
			Vlet 5/13

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Rhoda Solano (POA) Date 4-11-03 Daytime Phone # 321-783-3485

Typed or printed name of signing Managing Member/Manager Lloyd R. Milliken/Rhoda Solano