

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000007289

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 30 AM 8:05

DOCUMENT # **L02000007289**

1. Limited Liability Company's Name

Miller & Miller Holdings, LLC

2. Principal Office Address - No P.O. Box #

219 North Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

219 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33460

Country

US

Zip

33460

Country

US

4. State/Country of Formation

FL.

5. Date Organized or Qualified
To Do Business in Florida

3/25/2002

6. FEI Number

352168202

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James F. Miller

Street Address (P.O. Box Number is Not Acceptable)

219 N. Dixie Hwy

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date *3-25-10*

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
<i>MEM</i>	<i>James F. Miller</i>	<i>219 N. Dixie Hwy</i>	<i>Lake Worth, FL 33460</i>

REINSTATEMENT 2008-2010

11. E-mail Address: *James Miller @ Bell south.net*

(To be used for future annual report notifications)

12. 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

Date

3-25-10

Daytime Phone #

561-762-4492

Typed or printed name of signing Managing Member/Manager

JAMES F. MILLER