

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000047520

1. Entity Name
MILLER PR GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -3 AM 9:06

Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

10172005 REIN-LLC CR2E101 (6/04)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY ESQ.
C/O GRAY ROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **ALICIA L. LATIMORE - ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
**THE LATIMORE LAW GROUP
1218 MOUNT VERNON STREET**

City **ORLANDO** FL Zip Code **32803**

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALICIA L. LATIMORE**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

11/1/05
DATE

**FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME M Daniel L. Miller STREET ADDRESS CITY-ST-ZIP 247 N. Westmonte Dr. Altamonte Springs FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **DANIEL L. MILLER, Managing Member** **11/1/05** **407-429-3037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2005

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11/03/05--01050--003 **100.00