

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 AUG 25 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L04000064201

The Miller Group Company LLC

CR2E041 (1/14)

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

2430 Ridgemoor Dr.

3. Mailing Office Address

2430 Ridgemoor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

08/30/04

6. FEI Number

201571212

☐ 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

Charles P. Miller Jr.

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

2430 Ridgemoor Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

300262987593
08/05/14--01010--009 **516.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 07/31/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Charles P. Miller Jr.	2430 Ridgemoor Dr.	Orlando, FL 32828
AR	Karen Miller	2430 Ridgemoor Dr.	Orlando, FL 32828

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11. E-mail Address: chuck@paverscapeinc.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 07/31/14

Daytime Phone # 407-709-0056

Typed or printed name of signing Authorized Representative/Manager Charles P. Miller Jr.