CAPITOL SERVICES

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102

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 7/30/2021

Trans#: 1217847

Entity Name: MILLERS LLC

- Articles Incorporation ( )
- Articles of Dissolution ( )
- Conversion ( )
- Foreign Qualification ( )
- Limited Partnership ( )
- Reinstatement (XXX)
- Other ( )
- Articles of Amendment ( )
- Annual Report ( )
- Fictitious Name ( )
- Limited Liability ( )
- Merger ( )
- Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK #2282 FOR $516.25

PLEASE RETURN:

Certified Copy ( ) Plain Stamped Copy (XXX)

Good Standing ( ) Certificate of Fact ( )

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TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800371050308
08/03/21--01001--003 **516.25

DOCUMENT # L04000091287

1. Limited Liability Company's Name
Millers LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 E. City Hall Avenue	1000 E. City Hall Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norfolk, VA	City & State: Norfolk, VA
Zip: 23504 Country: USA	Zip: 23504 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/17/2004

6. FEI Number: 20-2073093 ☐ 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: Alan C. Espy, Esq.

Street Address (P.O. Box Number is Not Acceptable) Suite:
3300 PGA Boulevard, Ste #630

Apt. #, Etc.

City: Palm Beach Gardens State: FL Zip Code: 33410

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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 _____ Date 07/09/2021
REGISTERED AGENT MUST SIGN

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	Jeffrey G. Miller	1000 E. City Hall Avenue	Norfolk, VA 23504

11. E-mail Address: alanespy@bellsouth.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 07/09/2021 Daytime Phone # 757-623-6600

Typed or printed name of signing authorized representative/member Jeffrey G. Miller, Manager