

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L56661**

1. Corporation Name  
**WALKER MILLER CHILDREN, INC.**

Principal Place of Business	Mailing Address
1477 NW 79ST MIAMI FL 33147 US	1477 NW 79 STR MIAMI FL 33147 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**FILED**  
 97 JUN 11 AM 9: 04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** *16-97*

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/12/1990
City & State	City & State	5. FEI Number
Zip	Zip	65-0202090
Country	Country	Applied For
		Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MILLER, COTEZ	2255 NW 155 STREET	OPA LOCKA FL
VTD	MILLER, GAIL	14235 NW 22 PL	OPA LOCKA FL
SD	MILLER, ALVINA	1780 NW 64 STREET	MIAMI FL
M	MILLER, ALVIN	14245 NW 22ND PLACE	OPA-LOCKA FL

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 \*\*\*\*\*915.00 \*\*\*\*\*915.00

*9/11/97*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MILLER, COTEZ 2255 NW 155 STREET OPA LOCKA, 33054	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Cotez Miller* REGISTERED AGENT MUST SIGN Date: *5-6-97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Cotez Miller* *Cotez Miller* *5-6-97* *305-687-4765*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)