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 #** 

1. Corporation Name

L56661

WALKER MILLER CHILDREN, INC.

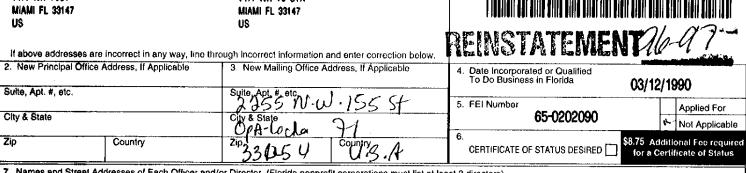
Principal Place of Business

Malling Address

1477 NW 79ST MIAMI FL 33147

1477 NW 79 STR

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



| 7. Names  | and Street Addresses of Each Officer and/or Dir | rector (Florida nonprofit corp  | orations must list at least 3 direct       | ors)  |
|---|---|---|--|---|
| Title(s)  | Name of Officers and/or Directors               | Street Address of Each Officer and/or Director 3 {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  |
|   |   |   |  | 8000022120481<br>-06/13/9701119009<br>*****915.00 *****915.00 |
| · ·   |   |   |  | A9011197  |
| 8. Name and Address of Current Registered Agent         |   |   | 9. Name and defess of New Registered Agent |   |
| MILLER, COTEZ<br>2255 NW 155 STREET<br>OPA LOCKA, 33054 |   |   | Street Address (P.O. Box No                | umber is Not Acceptable)                                      |
|   |   |   | City                                       | , State Zip Code  |
| 10. I, being<br>Signature of<br>Registered              | appointed the registered agent of the above na  | med corporation, am familiar  | with and accept the obligations of         | of Section 607.0505, F.S.  Date 6-/6-97                       |

REGISTERED AGENT MUST SIGN

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.

Coter Miller

305-68/4765