

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV -1 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65894**

1. Corporation Name

MILLER U.S.A. CORP.

Principal Place of Business

777 S. FLAGLER DR., STE. 310 E.
W. PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DR., STE. 310 E.
W. PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 300 East

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 300 East

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1990

5. FEI Number

98-0110325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MILLER, JAMES	285 CLAREMONT AVE #1001 3577 Atwater #1012	WESTMOUNT, QUEBEC, CAN Montreal, Quebec, Canada
DV	MILLER, JOHN	320 COTE ST. ANTONINE RD	WESTMOUNT, QUEBEC, CAN
ST	KAYE, JACK	28 CHAURET PL.	DOLLARD-DES-ORMEAUX, QC. CAN.
			300003040073--0 -11/09/99--01060--020 ***750.00 ***750.00
			REINSTATEMENT <u>99</u>

8. Name and Address of Current Registered Agent

GILDAN, LAURIE L.
777 S. FLAGLER DRIVE
SUITE 310 E.
W. PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

James L. Gildan
REGISTERED AGENT MUST SIGN

Date 10/13/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Miller

OCTOBER 19, 1999 514-342-0040

Date

Daytime Phone #

EXT. 15