

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L83454**

1. Corporation Name

MILLER MAGNETIC, INC.

Principal Place of Business

2942 W. COLUMBUS DR.
STE. #101
TAMPA FL 33607

Mailing Address

2942 W. COLUMBUS DR.
STE. #101
TAMPA FL 33607

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1990

5. FEI Number

65-0202062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SE 75. Additional fees 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILLER, BRUCE	2942 W. COLUMBUS DR #101	TAMPA FL
STD	MILLER, DONNA S	2942 W. COLUMBUS DR #101	TAMPA FL

300003063083--1
-12/07/99--01049--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, DONNA S.
2942 COLUMBUS DR
SUITE 101
TAMPA FL 33607

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, do hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Donna S. Miller
REGISTERED

Date

REGISTERED AGENT MUST SIGN

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:

Donna S. Miller
Donna S. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV 15 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

SP

CR2500 (8/99)