

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT

REINSTATEMENT



M01000001891

FILED

02 NOV 15 AM 10:01

1. DOCUMENT # M01000001891

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007902 01 FP 0.352 **PRSRT T4 0 0615 40245-528204



MILLER FAMILY PROPERTIES, LLC
2604 LOCUST HILL PLACE
LOUISVILLE KY 40245-5282

500009019055

11/15/02--01020--004 **155.00



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

KY

5. Date Organized or Qualified
To Do Business in Florida

08/16/2001

Principal Place of Business

2604 LOCUST HILL PLACE
LOUISVILLE KY 40245

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

APPLIED FOR

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

MILLER, J. GORDON
23704 STONEYRIVER PLACE
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/31/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MILLER, FAYE B	2604 LOCUST HILL PLACE	LOUISVILLE KY 40245
MGR	MILLER, J. GORDON	2604 LOCUST HILL PLACE	LOUISVILLE KY 40245

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date 10/31/02

Daytime Phone #

(239) 495-5521

(502) 245-1639

Typed or printed name of Signing Managing Member/Manager

J Gordon Miller