PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN -2 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M76996

1. Corporation Name
JOHN MILNER DEVELOPMENT CORP.

Principal Place of Business / Mailing Address
27 BAYMEADOW COURT
ORMOND BEACH, FL 32174-4804

REINSTATEMENT AR 93-96

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-19-88

5. FEI Number: 59-2889846 (Applied For / Not Applicable)

6. — NO — ~~CERTIFICATE OF STATUS DESIRED~~ [X]
~~$30.00 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ROBERT M BURGARD, SR	27 BAYMEADOW CT	ORMOND BEACH, FL 32174-4804
V-PRES	ROBERT M BURGARD, JR	27 BAYMEADOW CT	ORMOND BEACH, FL 32174-4804
SEC.	JOHN G. MILNER	3530 E FOREST BRANCH RD	PORT ORANGE, FL 32119

100002047781--5
-01/07/97--01063--024
****975.00 ****975.00

8. Name and Address of Current Registered Agent
RONALD F ANDERSON
150 MAGNOLIA AV
DAYTONA BEACH
32015 FL

9. Name and Address of New Registered Agent
Name: JOHN MILNER
Street Address (P.O. Box Number is Not Acceptable): 3530 E. FOREST BR. RD
Suite, Apt. #, Etc.:
City: PORT ORANGE State: FL Zip Code: 32119

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: John Milner — REGISTERED AGENT MUST SIGN — Date: 12/31/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: John Milner — 12/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN MILNER Sec. 904-767-6843

CR2E046 (7/96)

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