

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 PM 2:51

DOCUMENT # M95475

1. Corporation Name

TONY MILLER AND ASSOCIATES INC

W06-51985

REINSTATEMENT

95-06

600082647766
12/19/06--01056--017 **106.25

CR2E081 (12/05)

2. Principal Office Address

17123 RICH JO CIRCLE

3. Mailing Office Address

17123 RICH JO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33548

Country

US

Zip

33548

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/88

5. FFL Number

59-2912317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK A MILLER

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

17123 RICH JO CIRCLE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33548

700082148207
11/29/06--01053--007 **1000.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frank A Miller
REGISTERED AGENT MUST SIGN

Date 11/24/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MILLER, FRANK A	17123 RICH JO CIRCLE	LUTZ FL 33548
D	MILLER, CECILIA	17123 RICH JO CIRCLE	LUTZ FL 33548
D	MILLER, MICHAEL	17123 RICH JO CIRCLE	LUTZ FL 33548

10. 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 contained in Chapter 119, 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

11/24/06

Date

813-948-2111

Daytime Phone #



H&R BLOCK
tax & business services

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November 24, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Tony Miller & Associates Inc
Document # M95475

To Whom It May Concern:

Enclosed, you will find the Corporation Reinstatement application and a check in the amount of \$1,808.75. Please reinstate this corporation. No statement was received by this corporation after 1994.

If you have any additional questions or comments, I can be reached at cemiller@hrblock.com, 813-948-2256, send a fax to 813-948-2257 or our address is as follows:

H & R Block Tax & Business Services
2440 Land O Lakes Blvd
Land O Lakes, FL 34639

Sincerely,

A handwritten signature in cursive script that reads "Cecilia Miller".

Cecilia Miller, EA

Enclosures (2)