

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**N06782**

FILED  
99 APR 22 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
**Sandra B Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N06782**  
 1. Corporation Name  
**MILLER FAMILY FOUNDATION, INC.**

Principal Place of Business Mailing Address  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>700 N.W. 107th Avenue</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>700 N.W. 107th Avenue</b> Suite, Apt. #, etc.
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33172</b> Country <b>USA</b>	Zip <b>33172</b> Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida  
**12/20/84**

5. FEI Number  
**59-2474323** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D,P	Leonard Miller	700 N.W. 107th Avenue	Miami, FL 33172
D,S,T	Susan Miller	700 N.W. 107th Avenue	Miami, FL 33172
D	Stuart Miller	700 N.W. 107th Avenue	Miami, FL 33172
D	Jeffrey S. Miller	700 N.W. 107th Avenue	Miami, FL 33172
D	Steven Saiontz	700 N.W. 107th Avenue	Miami, FL 33172
D	Leslie Saiontz	700 N.W. 107th Avenue	Miami, FL 33172

8. Name and Address of Current Registered Agent  
**REINSTATEMENT** 96-99 cc

9. Name and Address of New Registered Agent

Name  
**Leonard Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**700 N.W. 107th Avenue**  
 Suite, Apt. #, Etc.  
 City  
**Miami** State  
**FL** Zip Code  
**33172**

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 *[Signature]* REGISTERED AGENT MUST SIGN Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  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:** *[Signature]* **Leonard Miller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**200002847442--5**  
 3/12/99 (304) 559-4000  
 Date Daytime Phone #

CR2500 (1-99)