

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 2:49

DOCUMENT # **N47849**

1. Corporation Name

THE THOMAS W. MILLER, JR. FOUNDATION, INC.

Principal Place of Business

245 N NEW YORK AVE
WINTER PARK FL 32789
US

Mailing Address

P O BOX 1779
SUITE 203
WINTER PARK FL 32790
US

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

REINSTATEMENT

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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

03/12/1992

5. FEI Number

59-3210375

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
TRUS	MILLER, THOMAS W. III	1001 TEMPLE GROVE	WINTER PARK FL 32789
TRUS	MILLER, KATHRYN M	1001 TEMPLE GROVE	WINTER PARK FL 32789
TRUS	DUNCAN, BUELL G., JR.	1200 COUNTRY LANE	ORLANDO FL 32804
T	T. WILLIAM MILLER, JR.	245 N. NEW YORK AVE.	WINTER PARK FL
TRUS	METZGER, ROBERT L.	2020 HUNTINGTON BUILDING	CLEVELAND OH 44115
T	CLIFFORD M. HAMES	780 WILLIAMS DR.	WINTER PARK FL

8. Name and Address of Current Registered Agent

MILLER, T WILLIAM JR
245 N NEW YORK AVE
SUITE 203
WINTER PARK FL 32789

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, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/00

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.

AD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #