

**APPLICATION  
FOR  
REINSTATEMENT**

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

**FILED**

**01 OCT 19 PM 2:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P00000015936**

**1. Corporation Name**

**Miller Caulking Inc.**

**Principal Place of Business**

**Mailing Address**

**500004653625--1**

**-10/25/01--01068--015**

**\*\*\*\*150.00 \*\*\*\*150.00**

**2. Principal Place of Business**

**2a. Mailing Address**

**21 2637 Mores Road**

**26 2637 Mores Road**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**22**

**27**

**City & State**

**City & State**

**23 West Palm Beach FL**

**28 West Palm Beach FL**

**Zip**

**County**

**Zip**

**County**

**24 33406**

**25 Palm Beach**

**29 33406**

**30 Palm Beach**

**3. Date Incorporated or Qualified**

**3a. Date of Last Report**

**2/10/2000**

**4. FEI Number**

**Applied For**

**52-2217310**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution**

☐ **\$5.00 May Be  
Added to Fees**

**8. This corporation has liability for intangible tax under**

**s. 199.032, Florida Statutes**

☐ **Yes** ☐ **No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Corporate Creations Network Inc.  
941 Fourth Street #200  
Miami Beach, FL 33139**

**81 Name**

**Corporate Creations Network Inc.**

**82**

**Street Address (P.O. Box Number is Not Acceptable)  
941 Fourth Street #200**

**83**

**84**

**City  
Miami Beach**

**FL**

**85**

**Zip Code  
33139**

**11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.**

**SIGNATURE**

*Signature, typed or printed name of registered agent and title if applicable.*

*(NOTE: Registered Agent signature required when reinstating)*

*DATE*

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**P/D  
Stephen H. Miller  
2637 Mores Road  
West Palm Beach FL 33406**

☐ **DELETE**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ **DELETE**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ **DELETE**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ **DELETE**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ **DELETE**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ **DELETE**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.**

**SIGNATURE**

**Stephen Miller, President**

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

*Date*

*Daytime Phone #*

**10-17-01**

**351-964-7758**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Miller Caulking Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

?

Stephen Miller

President

Date: 10/17/2001