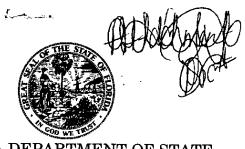
FOR PROFIT CORPORATION

SIGNATURE: _

UNIFORM BUSIN	IESS REPORT	(UBR)	•	
DOCUMENT # 1. Entity Name	36562	FILED		
miller marker	pany		02 MAY -7 AM 10: 14	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business 12610 Henderson Rd	3. Mailing Address	rebauoh	Ave	REINSTATEMENT <u>01-02</u>
Suite, Apt. #, etc. Tampa, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	City & State Tampa	FL	4.	FEI Number Applied For S9-3435773 Not Applied For Not Applicable
33625 Country 5	zip 33626	Country 5	5.	Certificate of Status Desired \$8.75 Additional Fee Required
		Name	7. Na	ame and Address of Current Registered Agent
DO NOT V	VRITE	Street_Addr	ess (P.O.,E	Mae Miller Box.Number is Not Acceptable)
THIS S	PACE	12/60)=j+e	Merson Rd
		City Tal	2000	FL ZipCade
8. The above named entity submits this statement	for the purpose of changing its			
SIGNATURE Signature, typed or printed name of registered age	int and title if applicable. (NOT	:: Registered Agent signature re	quired when re	4/26/02— einstating) DATE
9. This corporation is eligible to satisfy its Intangit Tax filing requirement and elects to do so. (See criteria on back)	After May Amended	lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 le to Department of		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11. OFFICERS AN	D DIRECTORS	TITLE		
NAME STREET ADDRESS Linnae Miller	Linebaugh	NAME STREET ADDRESS CITY-ST-ZIP		7000055541570 -05/16/0201018004 ****900.00 ****900.00
TITLE #251		TITLE		****900 <u>.00</u> ****900 <u>.00</u>
NAME STREET ADDRESS CITY-ST-ZIP Tampa F2	33626	NAME STREET ADORESS CITY-ST-ZIP		
TITLE		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME		TITLE ,		IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP 13. I hereby certify that the information supplied wi	th this filing does not qualify for	CITY-ST-ZIP the exemption stated in	n Section 1	119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this report or supplemental report	is true and accurate and that m ripowered to execute this report	iv signature shall have t	the same li	egal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or on an



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 22, 2002

MILLER MARKETING COMPANY 10405 STIRRUP WAY TAMPA, FL 33626

SUBJECT: MILLER MARKETING COMPANY

Ref. Number: P00000036562

We have received your document for MILLER MARKETING COMPANY and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

PLEASE FILL OUT AND RETURN A REINSATEMENT FORM WITH THE PROPER FEES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Justin M Shivers Document Specialist

Letter Number: 602A00023867