

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000077140

**FILED**  
**Mar 14, 2005**  
**Secretary of State**

**Entity Name:** MICHAEL MILLER ARCHITECTURE AND DESIGN, INC.

**Current Principal Place of Business:**

517 DUVAL ST  
STE 200  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

517 DUVAL ST  
STE 200  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-1091627      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, MICHAEL  
517 DUVAL ST  
KEY WEST, FL 33040    US

**Name and Address of New Registered Agent:**

MILLER, MICHAEL  
517 DUVAL ST  
SUITE 200  
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL MILLER      03/14/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            MILLER, MICHAEL  
Address:        517 DUVAL ST  
City-St-Zip:    KEY WEST, FL 33040

Title:            D            ( ) Delete  
Name:            COLLEY, HELEN  
Address:        517 DUVAL ST  
City-St-Zip:    KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            MILLER, MICHAEL  
Address:        517 DUVAL ST, SUITE 200  
City-St-Zip:    KEY WEST, FL 33040

Title:            D            (X) Change ( ) Addition  
Name:            COLLEY, HELEN  
Address:        517 DUVAL ST, SUITE 200  
City-St-Zip:    KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 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 my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MILLER      D      03/14/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date