

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089945

1. Corporation Name

McMillan Properties, Inc

000011182560  
01/29/03--01058--005 \*\*900.00

2. Principal Office Address

814 Shallow brook Av.

Suite, Apt. #, etc.

3. Mailing Office Address

814 Shallow brook Av.

Suite, Apt. #, etc.

City & State

Winter Springs FL

Zip Country

32208

City & State

Winter Springs FL

Zip Country

32208

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept 21, 2000

5. FEI Number

59-3681305

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

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

Name

Mark McMillan

Street Address (P.O. Box Number is Not Acceptable)

814 Shallow brook Av.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32208

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 1-20-3

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Kelly McMillan	814 Shallow brook Av.	Winter Springs, FL 32208
VP/T	Mark McMillan	814 Shallow brook Av.	Winter Springs, FL 32208

10. 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:

MARKS McMillan *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-3

Date

4073273357

Daytime Phone #

CR2E081 (10/02)