1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 PM 5:11

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000022828

600067023226
03/03/06--01025--020 **600.00

1. Corporation Name
GAYLE MILLER PAINTING, INC

REINSTATEMENT
CR2E051 (12/05)
03-06

2. Principal Office Address	3. Mailing Office Address
855 17 AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH	City & State: FLORIDA
Zip: 32960 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59 3701 999 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Fee Required

7. Name and Address of Current Registered Agent

Name: LEE FRIESON

Street Address (P.O. Box Number is Not Acceptable): 855 17 AVENUE

Suite, Apt. #, Etc.:

City: VERO BEACH FLORIDA State: FL Zip Code: 32960

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: Lee Frieson
REGISTERED AGENT MUST SIGN

Date: 2-8-06

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
PRES	GAYLE K MILLER	855 17 AVENUE	VERO BCH, FL 32960
VICE PRES	LEE FRIESON	855 17 AVENUE	VERO BCH, FL

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 contained in Chapter 119, 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: Gayle K Miller 2-8-06 772-360-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GAYLE MILLER
PAINTING, INC.

FD# 593701999

FEBRUARY 8, 2006

TO WHOM IT MAY CONCERN:

I DID NOT RECEIVE ANNUAL REPORT NOTICES FOR YEARS 2003, 2004, AND 2005.

MY REGISTERED AGENT WAS MY ATTORNEY AND DID NOT FORWARD ANY INFORMATION TO ME. EVIDENTLY THE PARTNERSHIP WAS DISSOLVED DUE TO A DEATH AMONGST THE PARTNERS, WHICH I KNEW NOTHING ABOUT. THEREFORE, I AM REQUESTING THE REDUCED FEE AND AM ENCLOSING A CHECK FOR $450.00 ($150 PER YEAR) FOR REINSTATEMENT.

THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER.

Gayle K Miller