

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

7 DEC 20 PM 12: 03

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

fy 12-25-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000029055**

1. Corporation Name
Millstone Development, Inc.

| | | | |
|---|--------------------------|---|--------------------------|
| 2. Principal Office Address - No P.O. Box # 14935 S.W. 52nd St. | | 3. Mailing Office Address 14935 S.W. 52nd St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miramar, FL | | City & State Miramar, FL | |
| Zip 33027 | Country U.S.A. | Zip 33027 | Country U.S.A. |

REINSTATEMENT

4. State Incorporated / Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Cynthia Griffin

Street Address (P.O. Box Number is Not Acceptable)
14935 S.W. 52nd St.

Suite, Apt. #, Etc.

City
Miramar,

State
FL

Zip Code
33027

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Cynthia Griffin* Date **06-12-07**

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 |
|----------------------|-----------------------------------|--|--------------------------|
| <i>Chairman</i> | Cynthia Griffin | 14935 S.W. 52nd St. | Miramar, FL 33027 |
| <i>Vice Chairman</i> | Zachary Griffin | 14935 S.W. 52nd St. | Miramar, FL 33027 |
| <i>Secretary</i> | Cynthia Griffin | 14935 S.W. 52nd St. | Miramar, FL 33027 |
| | | | |
| | | | |

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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: *Cynthia Griffin* **Cynthia Griffin** **06/12/07** **954682-4941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

12-06-07

Document #P01000029055

Dear Sir/Madam,

Please accept our apology for the tardiness of this report, but we were adversely affected by the 2005 hurricane season. Thank you for your attention.

Sincerely

A handwritten signature in cursive script, appearing to read "Cynthia Griffin".