

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 25 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400123263084

04/30/08--01067--001 \*\*150.00

400123263084

04/14/08--01045--027 \*\*900.00

REINSTATEMENT 02-08 KS

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000056874

1. Corporation Name

The millie P. Corporation

2. Principal Office Address - No P.O. Box #

3625 S.E. 21<sup>st</sup> Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3625 S.E. 21<sup>st</sup> Ave

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

Okeechobee

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

4. Date Incorporated or Qualified  
To Do Business in Florida

6/4/01

5. FEI Number

65-1115237

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

Mildred D. Price

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

3625 S.E. 21<sup>st</sup> Ave.

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

☒ 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

Date

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	Clyde Price	3625 S.E. 21 <sup>st</sup> Ave.	Okeechobee, FL 34974
VP	Mildred Price	3625 S.E. 21 <sup>st</sup> Ave.	Okeechobee, FL 34974

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:

Mildred D Price - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

863 467 2301

Daytime Phone #

KS