

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 27 PM 3:27

DOCUMENT # P01000063158

1. Corporation Name

TROY & TROINECIA MILLER ENTERPRISES, INC.

KS

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

716 N.W. 3RD COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Zip

33009

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

5. FEI Number

651114381

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

TROY MILLER

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

716 N.W. 3RD COURT

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

REINSTATEMENT 09-10

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

Troy Miller

REGISTERED AGENT MUST SIGN

Date 10/25/10

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	TROY MILLER	716 N.W. 3RD COURT	Hallandale, FL 33009

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Troy Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/10

Date

Daytime Phone #