

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000063728

1. Corporation Name

Milliron's Construction Company

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

3334 Nautical Dr

Suite, Apt. #, etc.

City & State

Southport FL

Zip

32409

Country

US

3. Mailing Office Address

3334 Nautical Dr

Suite, Apt. #, etc.

City & State

Southport FL

Zip

32409

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6-25-01

5. FEI Number

59-3730146

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

James Milliron's

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

3334 Nautical Dr

Suite, Apt. #, Etc.

City

Southport

State

FL

Zip Code

32409

☒ 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.

**REINSTATEMENT**

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

X James Milliron  
REGISTERED AGENT MUST SIGN

Date 4/29/10

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	James Milliron's	3334 Nautical Dr	Southport FL 32409
VP	Donald Cox	PO Box 646	Wewahatcha FL 32445

**REINSTATEMENT** 09/10

10. E-mail Address: DL5B011899@aol.com

(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:

X James Milliron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10

Date

Daytime Phone #

**FILED**

**10 APR 29 PM 12:49**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200178871732  
04/29/10--01024--013 \*\*300.00

CR2E081 (11/09)

09-10

APR 29 2010