PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	٠
FOR	
REINSTATÉMEN	I



DOGUMENT # P01000075615

1. Corporation Name

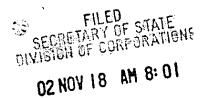
MILL-FORM PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5064 LANTANA ROADSTE 6207 LAKE WORTH FL 33463

Signature of Registered Agent 5064 LANTANA ROADSTE 6207 LAKE WORTH FL 33463



		1.5							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable Circle 3.1. New Mailing Office Address, If Applicable (No. 1) 63-2 Sharlow Creek VILLIACE 63-2 Sharlow Geek VILLIACE 63-1. Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida 08/01/2001					
City & State Lake	<u> </u>	City & State Lake Work	Country A	6	42669 OF STATUS DESIRED		Applied For Not Applicable itional Fee required rtificate of Status		
7. Names a	and Street Addresses of Each Officer and	or Director (Florida non							
Title(s)	Name of Officers and/or Directors	3	Street Address of Eac Officer and/or Directo		4	City / State / Zip			
·P/o	Kenneth E. For	man 63	52 Shadan G	rek Villa	es aril	LahiW	Vall FL		
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8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent						
ROTHMAN, LEE M 2295 CORPORATE BLVD NW STE 134 BOCA RATON FL 33431			Street Address (Street Address (P.O. Box Number is Not Acceptable)					
			Lake	Works	· · · · · · · · · · · · · · · · · · ·	State Zip (3°de 63		
10. I, being	g appointed the registered agent of the ab	ove named corporation, a	am familiar with and accept the	obligations of Section	on 607.0505, F.S. o	r 617.0505, F.S.			

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 filling 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 under section 119.07(3)(i), 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.

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mill-Form Property Management Services, Inc. 6352 Shadow Creek Village Circle Lake Worth, FL 33463 Phone (561) 963-3719 Fax (561) 963-0438

November 13, 2002

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

Re: Reinstatement of Mill-Form Property Management, Inc.

Document # P01000075615

To Whom It May Concern:

Please reinstate the above referenced corporation at the regular fee of \$61.25 filing fee and the \$88.75 corporate supplemental fee, total of \$150.00 as we did not receive any previous mailing for the renewal of this corporation.

Please note that the forms may have been sent to 5064 Lantana Road #6207 in Lake Worth and that our new address is 6352 Shadow Creek Village Circle, Lake Worth, Florida. We have been living at this address since November of last year.

It's interesting that the mail was not forwarded previously, however it was forwarded at the end of October, 2002. I have enclosed a copy to show when the mail was finally forwarded.

You already have our check for the \$150.00. Please reinstate the corporation.

Sincerely,

Mill-Form Property Management, Inc.

Kenneth E. Forman

President

KEF/dlm