

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015710

1. Corporation Name

MILLER BROTHERS INC. OF BREVARD COUNTY

Principal Place of Business

Mailing Address

1653 N HARBOUR CITY BLVD  
MELBOURNE FL 32935

~~1653 N HARBOUR CITY BLVD~~  
~~MELBOURNE FL 32935~~



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

02/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

90-0009130

Applied For

Not Applicable

City & State

City & State

FT PIERCE, FL

Zip

Country

Zip

Country

34947 ST LUCIE

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILLER, GEROGE D	3771 SPINNAKER CT	FT PIERCE FL 34946
D	MILLER, JOSEPH M	1108 N ROCK RD	FT PIERCE FL 34947

600023710156  
10/10/03--01084--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, GEORGE D  
3771 SPINNAKER CT  
FT PIERCE FL 34946

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-2003

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 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.

SIGNATURE:

SIGNATURE REQUIRED  
George D. Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-2003

Date

772-461-1746

Daytime Phone #

CR20040 (7/03)

# **FINDADDY'S**

935 North Beneva Road  
Suite 601  
Sarasota, FL 34232

(941)906-7795  
(941)906-7797 FAX  
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October 8, 2003

To Whom It May Concern at the Florida Department of State:

This letter is to notify you that we did not receive any UBR notices for the filing period due May 1<sup>st</sup>, 2003. Therefore, we are requesting a waiver of the reinstatement fee and have enclosed a check in the amount of \$150.00 for the filing fee.

Also, being a business owner for the first time, I was not aware of this business report requirement, but rest assured in the future I will make sure it gets done on time.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read 'DML', with a long horizontal stroke extending to the right.

Daniel Henson

President, Findaddy's Inc.