

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000028207

1. Corporation Name

MILLS DESIGN CONCEPTS, INC.

Principal Place of Business

11471 W. SAMPLE ROAD, SUITE 32  
CORAL SPRINGS FL 33065

Mailing Address

11471 W. SAMPLE ROAD, SUITE 32  
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/2002

5. FEI Number

61-0631682 261812

Applied For

Not Applicable

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	MILLS, ERIC M	7920 COLONY CIRCLE N #6-204 11471 W. Sample Rd (#3v)	TAMARAC FL 33321 Coral Springs, FL 33065

500024387575  
11/03/03--01093--017 \*\*150.00

8. Name and Address of Current Registered Agent

SCHNITZER, GERALD S  
2455 E SUNRISE BLVD #502  
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

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

*Eric Mills*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*Eric Mills*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 954 753-1104  
Date Daytime Phone #

CR2E040 (7/03)

MILLS DESIGN CONCEPTS, INC.

11471 W. Sample Rd. Suite 32  
Coral Springs, Fl. 33065

October 30, 2003

Division of Corporations  
Annual Report/Reinstatement section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

Due to various personal and business relocations over the last year, we did not receive any notice on renewing our annual report until this notice of dissolution. Obviously we would like to keep our corporation and would appreciate it if you would waive the penalty fee. Please find enclosed a check in the amount of \$150.00 for the 2003 annual report fee.

Sincerely,

A handwritten signature in black ink, appearing to be "Eric Mills", with a stylized, looping flourish at the end.

Eric Mills  
President