

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 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000049433

1. Corporation Name

JOHNNIE MILLER, INC.

Principal Place of Business

123 LINCOLN BLVD.
ORLANDO FL 32810

Mailing Address

123 LINCOLN BLVD.
ORLANDO FL 32810



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

04/29/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Johnnie Miller	123 Lincoln Blvd	ORLANDO FL 32810

700024102837
10/27/03--01018--024 **150.00

BW/09

700024102837
10/27/03--01018--025 **8.50

8. Name and Address of Current Registered Agent

BERMAN, JED
180 S. KNOWLES AVENUE
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10/17/03

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:

Johnnie Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Johnnie Miller, Inc.
123 Lincoln Blvd.
Orlando, FL 32810
407-660-8733

October 10, 2003

Florida Department of State
Division of Corporations
Glenda E. Hood, Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

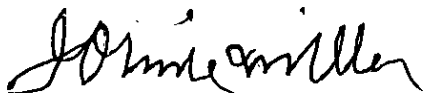
Reference: Notice of Administrative Dissolution or Revocation
Document #P02000049433

I am requesting that the reinstatement fees for Johnnie Miller, Inc. be waived because I did not receive the two prior uniform business (UBR) notices. I was also not informed by my agent, Jed Berman (180 S. Knowles Ave, Winter Park, FL 32789), of the requirement to file annual/uniform business reports.

As instructed by your office, I am enclosing the \$150.00 filing fee along with my completed application.

Thank you for your favorable consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Johnnie Miller".

Johnnie Miller
Owner