

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052636

1. Corporation Name

B. Miller Lintels, Inc

2. Principal Office Address

8320 241st Street East

Suite, Apt. #, etc.

City & State

Myakka City, FL

Zip

34251

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2002

5. FEI Number

04-3655735

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

Mary Jane Sizemore

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

3901 Bahia Vista St - #319

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

Mary Jane Sizemore
REGISTERED AGENT MUST SIGN

Date

10/13/03

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
Pres	Brian L Miller	8320 241st Street East	Myakka City, FL 34251
Dir	Terry L Miller	9319 Delft Rd	Sarasota, FL 34240
Dir	Chris Miller	1203 Cornish St.	Sarasota, FL 34232

10. 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.

Brian L. Miller, President

SIGNATURE:

Brian Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 (941) 7808880

Date

Daytime Phone #

CR2E081 (10/02)

71 10/21

B. Miller Lintels, Inc

**8320 - 241st Street East
Myakka City, FL 34251
Phone (941) 322-2711**

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

October 13, 2003

To Whom it may Concern,

**Enclosed is my application for reinstatement of the above named corporation.
Please waive the \$600 Reinstatement Fee. This corporation was formed in May
of 2002 and I never received the Annual Report Form in 2003.**

I was unaware that the corporation was dissolved until today.

I am also enclosing my check for \$150.

Sincerely,



Brian L Miller, President