

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 21 AM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000072970**

**1. Corporation Name**

Millsite Renovations, Inc.

**2. Principal Office Address**

PO Box 2141

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 2141

Suite, Apt. #, etc.

**City & State**

Pinellas Park, Florida

**City & State**

Pinellas Park, Florida

**Zip**

33780

**Country**

USA

**Zip**

33780

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

20-0557502

**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**

Steven D. Swiger, Jr.

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

8503 Quail Road

**Suite, Apt. #, Etc.**

**City**

Seminole

**State**

FL

**Zip Code**

33777

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **03/08/04**

**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
P, D	Anna E. Swiger	8503 Quail Road	Seminole, Florida 33777
S, T, D	Steven D. Swiger, Jr.	8503 Quail Road	Seminole, Florida 33777

800038187468  
06/21/04--01014--009 \*\*300.00

**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.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/04

Date

(727) 798-8595

Daytime Phone

CR2E081 (10/02)

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**Millsite Renovations Inc.**  
Post Office Box 2141  
Pinellas Park, Florida 33780  
(727) 798-8595

January 7, 2004

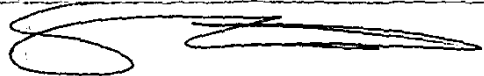
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Millsite Renovations, Inc.  
Document Number P02000072970

To Whom it May Concern:

Please accept this correspondence in regards to the Uniform Business Report (UBR) for the above named entity. It has been brought to my attention that Millsite Renovations, Inc, has been Administratively Dissolved for Annual Report. This comes as a surprise to myself and my staff, as this office never received a request to renew this entity with the State. After calling your Corporate Information Line, I was informed that the late fees are waived in such a situation. Please accept this correspondence as notification that I will be exercising my option to waive the late fees due to non-receipt of the UBR. As such, I have enclosed a check in the amount of \$150.00 made payable to the Florida Department of State, along with a fully executed Uniform Business Report. Thank you for your prompt attention to this matter. If you should have any questions or concerns please do not hesitate to immediately contact me.

Sincerely,  
**Millsite Renovations, Inc.**



Steven D. Swiger, Jr.  
Director