


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

11/2

DOCUMENT # P03000035376		
1. Entity Name C.K. MILLER STUCCO, INC.		

**FILED**  
**Oct 28, 2004 8:00 A.M.**  
**Secretary of State**

Principal Place of Business 4677 VERGARA COURT ORLANDO, FL 32811	Mailing Address 4677 VERGARA COURT ORLANDO, FL 32811
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2. Principal Place of Business <i>4677 VERGARA CT.</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ORLANDO FL.</i>		City & State	
Zip <i>32811</i>	Country <i>U.S.A.</i>	Zip	Country

10252004 REIN-P CR2E098 (6/04)

4. FEI Number <i>56-2417766</i>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, C.K. 4677 VERGARA COURT ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>NO CHANGE</i> City <i>FL</i> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *X Cecil Miller* *CECIL MILLER* *10-25-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C.K. 4677 VERGARA COURT ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NO CHANGE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700042280637</i> <i>10/28/04--01028--024 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Cecil Miller* *CECIL MILLER* *10-25-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/26/04

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CK Miller Stucco Inc  
4677 Vergara Ct  
Orlando, FL 32811

Oct. 25, 2004

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I hereby give notice that I did not receive a renewal notice for the above ~~stated~~ stated corporation. I did not know that a renewal was to be filed, until I was told that ~~the~~ corporation has been dissolved.

Sincerely,



Cecil Miller  
President