2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133445

1. Entity Name
MILIANO MASONRY, INC.

FILED
04 OCT 29 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
262 CHADWORTH DR. KISSIMMEE, FL 34758	262 CHADWORTH DR. KISSIMMEE, FL 34758

10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
12685 John Young Pkwy Suite, Apt. #, etc.	12685 John Young Pkwy Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number: 54-2132740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILIANO, ROBERTO 262 CHADWORTH DR. KISSIMMEE, FL 34758	Name: Miliano, Roberto Street Address (P.O. Box Number is Not Acceptable): 12685 John Young Pkwy. City: Kissimmee FL Zip Code: 34741

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: ✓ 10/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILIANO, ROBERTO 262 CHADWORTH DR. KISSIMMEE, FL 34758	☐ Delete	PD Miliano, Roberto 262 Chadworth Dr. Kissimmee, FL 34758	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600042314726 10/29/04--01054--018 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ✓ Roberto M. Miliano 10/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Div. Of Corporations
PO Box 6327
Tallahassee, FL. 32314

October 22, 2004

To whom it may concern

Re: Dissolution of Miliano Masonry, Inc
Doc. No. P03000133445

By this means I want to ask for a waiver for the payment of the Dissolution Fee and to reinstate my corporation. I believe the reason I did not received the form to file my annual report is because I did a change of address which is included in the reinstatement form. I apologize for not letting you know about it.

Also I want to let you know that because of the hurricanes I had about some loses and I was not able to work as I was expecting and even though I am still doing some jobs I am not at full throttle yet.

Thanks for your attention to this matter and please send every communication to my new address.

Respectfully;

Miliano Roberto