CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT 04 05

FILED

05 DEC 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/04 90005 016 $150

12/13/05 CR2E081 (8/05) 0036 -003 $236.25

DOCUMENT # P03000141146

1. Corporation Name

MILLER ALLWIRE, INC

2. Principal Office Address 15299 Wilhelm rd	**3.** Mailing Office Address 15299 Wilhelm rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Brooksville, Fl	City & State Brooksville, Fl

Zip 34613	Country Hernando	Zip 34613	Country Hernando

4. Date Incorporated or Qualified To Do Business in Florida 11/24/2003

5. FEI Number 861091085 ☐ 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 Michael C. Miller

Street Address (P.O. Box Number is Not Acceptable) 15299 Wilhelm rd

50006453.555
01/26/06--01065--001 ##513.75

Suite, Apt. #, Etc.

City Brooksville | State FL | Zip Code 34613

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 12/9/05

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	Michael C. Miller	15299 WILHELM RD	BROOKSVILLE, FL 34613

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 12/9/05 (352)428-2430
Date Daytime Phone #

Total $900.00