

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL -9 PM 12:55

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149042

1. Corporation Name

John Miller Crane Service Inc.

2. Principal Office Address - No P.O. Box #

1960 18th St.

Suite, Apt. #, etc.

3. Mailing Office Address

11801 Marsh Head Rd.

Suite, Apt. #, etc.

City & State

Sarasota Fla

City & State

Sarasota Fla

Zip

34243

Country

USA

Zip

34240

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

2002?

5. FEI Number

20-050-3344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Barry Miller

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

11801 Marsh Head Rd.

Suite, Apt. #, Etc.

City

Sarasota Fla

State

FL

Zip Code

34240

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

John B. Miller

REGISTERED AGENT MUST SIGN

Date

July 3rd. 07

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
president	John Barry Miller	11801 Marsh Head Rd.	Sarasota Fl. 34240

100106014321
07/12/07--01045--004 **450.00

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 contained in Chapter 119, 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:

John Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Miller, July 3rd. 02 941-356-8050

Date

Daytime Phone #

Dear, Division of Corp.

I did not receive a notice of renewal for 2005 or 06. If I did I definately would payed it. I payed \$150.00 in the past, and I kinda wondered why I didn't have to pay it again. I honestly didn't receive a renewal notice or I would have payed it. Thank you

John P. Miller

John Miller Crane Ser.
11801 Marsh Head Rd.
Sarasota, FL 34240