

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 PM 12:46

DOCUMENT # **PO4000001603**

1. Corporation Name
MILLER ELECTRIC OF NAPLES, INC

2. Principal Office Address - No P.O. Box #
541-103RD AVE. N.

Suite, Apt. #, etc.
N/A

City & State
NAPLES, FL.

Zip
34108

Country
COLLIER

3. Mailing Office Address
PO BOX 111572

Suite, Apt. #, etc.

City & State
NAPLES, FL.

Zip
34108

Country
COLLIER

900145684809
03/13/09--01004--007 **458.75
REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified To Do Business in Florida
12-30-03

5. FEI Number
200530764

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
NAPLES-LAWDOCK, INC

Street Address (P.O. Box Number is Not Acceptable)
1395 PANTHER LANE

Suite, Apt. #, Etc.
SUITE 300

City
NAPLES

State
FL

Zip Code
34109

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
3/10/09

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	MICHAEL A. MILLER	541-103RD AVE. N.	NAPLES, FL. 34108

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: *[Signature]* **Michael Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/10/09**
Daytime Phone #: **(239) 598-9063**