
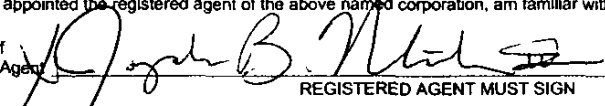
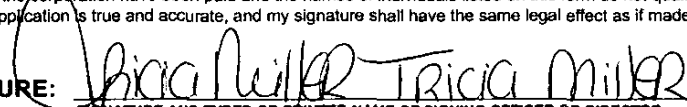


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 AUG 15 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PD4000073441			
1. Corporation Name <div style="text-align: center;">REINSTATEMENT 05-47</div> Miller Services, Inc. sf			
2. Principal Office Address - No P.O. Box # 915 CARLSON DR <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 915 CARLSON DR <small>Suite, Apt. #, etc.</small>	
City & State Orlando, FL <small>Zip Country</small> 32804 US		City & State Orlando, FL <small>Zip Country</small> 32804 US	
7. Name and Address of Current Registered Agent Name Joseph B. Miller IV Street Address (P.O. Box Number is Not Acceptable) 915 CARLSON DR Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida May 2004 5. FEI Number 201085458 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.	
City Orlando State FL Zip Code 32804			
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  REGISTERED AGENT MUST SIGN Date _____			
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
Officer	Tricia Miller	915 CARLSON DR	Orlando, FL 32804
Officer	Joe Miller	915 CARLSON DR	Orlando, FL 32804
VP			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/10/07 407-312-9892 <small>Date Daytime Phone #</small>	