

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -5 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000141357

1. Corporation Name

Miles Service Co

800137666808  
11/05/08--01020--019 \*\*450.00

REINSTATEMENT 06-08

CR2E081 (10/08)

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

1266 28th Avenue West

3. Mailing Office Address

1266 28th Avenue West

Suite, Apt. #, etc.

Bldg. C-S

Suite, Apt. #, etc.

Bldg. C-S

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34205

Country

Manatee

Zip

34205

Country

Manatee

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/06

5. FEI Number

52-2372054

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laura Sutton

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

214 Moloka Drive

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34207

☒ 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

*Laura Sutton*

REGISTERED AGENT MUST SIGN

Date 4 November 2008

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	C Wesley Mabrey	P. O. Box 2699	Arcadia, FL 34265
VP	Laura Sutton	314 Maloka Drive	Bradenton, Florida 34207

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:

*Laura Sutton*

Laura Sutton, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 November 2008

Date

941-747-6694

Daytime Phone #

CC 11/6