

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08788**

1. Corporation Name

MILLER MECHANICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1976 AIRPORT INDUSTRIAL PARK DRIVE
MARIETTA GA 30062

1976 AIRPORT INDUSTRIAL PARK DRIVE
MARIETTA GA 30062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1986

5. FEI Number

58-1303603

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MILLER, JOSEPH H. MILLER, JOSEPH E.	1976 AIRPORT IND PK DR	MARIETTA GA 30062 30060
VD	MILLER, JOSEPH E	1110 HERSHEY DRIVE	MARIETTA GA
SD	MILLER, LENA R. MILLER, ALICE M.	1244 TIMBERLAND DRIVE	MARIETTA GA 30060
D	CHRISTIANSON, ROBERT A	1976 AIRPORT IND PK DR	MARIETTA GA 30062 30060
DTSV	BAGGETT, DAVID C	1976 AIRPORT IND PK DR	MARIETTA GA 30062 30060

500003490915
-12/07/00--01068-002

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAY, JAMES E.
1492 WILTSHIRE VILLAGE DRIVE
WEST PALM BEACH FL 33414

Name

LONNIE STARNES

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

3918 ORCHARD HILL CIRCLE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Loonie Starnes
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/2000

11. 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:

Loonie Starnes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00 770-952-3864
Daytime Phone #

FILED
00 NOV -9 PM 6: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CRZED40 (9/00)