

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 17 PM 6:10

DOCUMENT # **P14879**

1. Corporation Name  
**MILNER BUSINESS PRODUCTS, INC.**

Principal Place of Business	Mailing Address
4000 DEKALB TECHNOLOGY PKWY. SUITE 340 ATLANTA GA 30340-2764	4000 DEKALB TECHNOLOGY PKWY. SUITE 340 ATLANTA GA 30340-2764



**REINSTATEMENT 01**

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

4. Date Incorporated or Qualified To Do Business in Florida	06/17/1987
5. FEI Number	58-1681588
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MILNER, HICKS L	3954 EAST BROOKHAVEN DR	ATLANTA GA
D	LANIER, J. HICKS	3455 WOODHAVEN RD N.W.	ATLANTA GA
VP	Steve Krenzel	683 Braidwood Terrace	Acworth, GA 30101
CFO	David Sweeney	3400 River Ferry Dr	Alpharetta, GA 30022
			300004661183-3 -10/31/01--01057--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code **AD**

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: Barbara A. Burke **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date: 11-15-01  
REGISTERED AGENT MUST SIGN

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)(f), 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: David K. Sweeney **David K. Sweeney** Date: 10/11/01 (770) 225-1805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)