2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN 14 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
121620048 REN R CR2E098 (6/04)

DOCUMENT # P93000017033

1. Entity Name
MILLER'S QUALITY CARS, INC.

Principal Place of Business	Mailing Address
7627 NEW JERSEY AVE. HUDSON, FL 34667 US	7626 NEW JERSEY AVE HUDSON, FL 34667

2. Principal Place of Business	3. Mailing Address
8109 U.S. Hwy. 19	8847 Crescent Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL 34668	City & State: New Port Richey, FL
Zip: 34668 Country: Pasco	Zip: 34654-5418 Country: Pasco

4. FEI Number: 59-3197018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES B
7626 NEW JERSEY AVE.
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name: James B. Miller
Street Address (P.O. Box Number Is Not Acceptable): 8847 Crescent Blvd.
City: New Port Richey, FL Zip Code 34654

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] James B. Miller 01/11/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, JAMES B 7626 NEW JERSEY AVE. HUDSON, FL 34667 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8847 Crescent Blvd. New Port Richey, FL 34654
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] James B. Miller, President 1-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #