

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000067263**

**1. Corporation Name**

Miller International, Inc.

**2. Principal Office Address**

19 Avenue de Mer, Unit 801

Suite, Apt. #, etc.

**City & State**

Palm Coast, Florida

**Zip**  
32127

**Country**

**3. Mailing Office Address**

11804 Straley Place

Suite, Apt. #, etc.

**City & State**

Raleigh, NC

**Zip**  
27614

**Country**

FILED

07 FEB 26 AM 11:25

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

100089255461

02/26/07--01002--011 \*\*450.00

**REINSTATEMENT** 05-07

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/22/1993

**5. EEL Number**

59-3210243

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

CT Corporation System

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

1200 South Pine Island Road

**Suite, Apt. #, Etc.**

**City**

Plantation

**State**  
FL

**Zip Code**  
33324

**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**

*Paul F. Miller*

REGISTERED AGENT MUST SIGN

**Date**

1/12/07

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PT	Paul F. Miller	11804 Straley Place	Raleigh, NC 27614
VS	Leslie W. Miller	11804 Straley Place	Raleigh, NC 27614

**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:**

*Paul F. Miller*

PAUL F. MILLER

1-7-07

919-841-9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 8, 2007

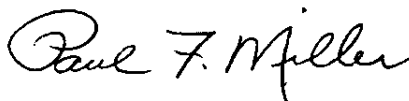
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Miller International, Inc.  
Document #P93000067263

Dear Sir or Madam

I am the President and a Shareholder of the above entity which was administratively dissolved for failure to file Annual Reports on September 15, 2005. My attorney will be forwarding to your office, along with this letter, the proper Reinstatement documentation along with the appropriate filing fees. The purpose of this letter is to state that I never received any Notices from your office prior to the formal Dissolution for the reason any correspondence sent by your office was sent to an old address. I have been informed by your office that any such correspondence previously mailed to my old address of 116 Governor's Road, Ponte Vedra Beach, FL 32082 was in fact returned to your office. Therefore, I would respectfully request that the \$600 fee be waived and that your office update my correct mailing address as being 11804 Straley Place, Raleigh, North Carolina 27614.

Sincerely,

A handwritten signature in cursive script that reads "Paul F. Miller".

Paul F. Miller