

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # P93000084825

1. Corporation Name

MILLER DRIVE FINA, INC.

Principal Place of Business

14700 SW 56TH ST
MIAMI FL 33185

Mailing Address

14700 SW 56TH ST
MIAMI FL 33185

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1993

5. FEI Number

65-0455877

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GIL, JOSE R	6921 LOCHNESS DR	MIAMI LAKES FL 33014
DT	RODRIGUEZ, MARLENE	6921 LOCHNESS DR	MIAMI LAKES FL 33014
DS	GIL, GEORGE R	6921 LOCHNESS DR	MIAMI LAKES FL 33014
DV	GIL, FRANK	6921 LOCHNESS DR	MIAMI LAKES FL 33014

8. Name and Address of Current Registered Agent

GIL, JOSE R
6921 LOCHNESS DR
MIAMI LAKES FL 33014

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

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

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

Jose R. Gil

Date

Daytime Phone #

10/28/02

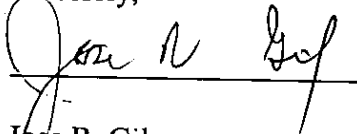
MILLER DRIVE FINA, INC.
14700 SW 56th STREET
MIAMI, FL. 33185

October 28, 2002

To Whom It May Concern:

Please be advised that we did not receive the first or second 2002 UBR. Per your instructions, we are sending the second 2002 UBR sent by the Division of Corporations. It is signed and includes a check for \$158.75 (Certificate of Status fee included). Should you have any questions, please contact us at the phone number or address above.

Sincerely,



Jose R. Gil
President