

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000001970

1. Corporation Name

DALE E. MILLER, M.D., P.A.

Principal Place of Business

875 STENTHAUS AVE
ORMOND BEACH FL 32174
US

Mailing Address

~~53 SPRING MEADOWS DRIVE~~
~~ORMOND BEACH FL 32174~~

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

14143 Lord Barclay Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

32837

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1994

5. FEI Number

59-3215124

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILLER, DALE E MD	10 TIDEWATER DRIVE	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

MILLER, DALE E MD
53 SPRING MEADOWS DRIVE
ORMOND BEACH FL 32174

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

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

Dale E. Miller
REGISTERED AGENT MUST SIGN

Date

10/29/01

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:

Dale E. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01

Daytime Phone #

407-251-9048

FILED
01 NOV -5 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01

CR2E040 (8/01)