

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # P94000007620

1. Corporation Name

MILLER GLASS & GLAZING, INC.

Principal Place of Business

601 N.E. 28TH CT.
POMPANO BEACH FL 33064
US

Mailing Address

601 N.E. 28TH CT.
POMPANO BEACH FL 33064
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0465014

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	MILLER, SIDNEY S	601 N.E. 28TH COURT	POMPANO BEACH FL 33064

600023750736
10/13/03--01065--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, SIDNEY S
601 N.E. 28TH COURT
POMPANO BEACH FL 33064

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-03

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

Date

Daytime Phone #

10-9-03 954-784-6694

CR2E040 (7/03)



October 9, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To Whom It May Concern:

Enclosed is our application for reinstatement. Please waive the reinstatement fee of \$600 as we never received prior uniform business reports.

If you have any questions or need any additional information please feel free to contact me at the number listed below.

Sincerely,

Miller Glass & Glazing, Inc.

Sidney S. Miller
President



SSM/kss

enclosures