

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000066523**

1. Corporation Name

**HARRY J. MILLER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1184 KENISCO RD  
VENICE FL 34293  
US

1184 KENISCO RD  
VENICE FL 34293  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1994

5. FEI Number

65-0519282

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
PD	MILLER, HARRY J	1184 KENISCO RD	VENICE FL 34293
VD	MILLER, VALARIE	1184 KENISCO RD	VENICE FL 34297

800024055638  
10/23/03--01079--018 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, HARRY J  
1184 KENISCO RD  
VENICE FL 34297

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

*Valerie A. Miller*  
REGISTERED AGENT MUST SIGN

President

Date

10-16-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALERIE A. MILLER

VP

Date

10/16/03

Daytime Phone #

(941)  
408-7185  
cell

CR2E040 (7/03)

10-16-03

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Re: 65-0519282

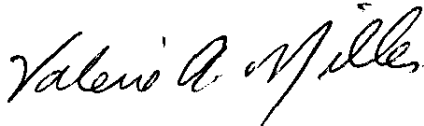
Attn: Dept. of Reinstatement,

As the Vice President of Harry J. Miller Enterprises, Inc., I am asking for reinstatement of our corporation due to non-receipt of the 2003 uniform business report. We have been incorporated since 1994 and have filed on time each year.

I am a Rural Carrier, employed by The United States Post Office. On occasion first class mail can be mis-delivered and/or mis-sorted into UBBM(bulk-standard-3<sup>rd</sup>. class) by human error and discarded. We did not receive nor remember the report was due/late until you notified us by document number P94000066523(Certificate of Administrative Dissolution or Revocation).

Enclosed is the \$150.00 filing fee and reinstatement application for your review, understanding and hopeful acceptance. I am sending this with delivery confirmation to be certain it is received by you. You may contact me with any questions. Thank you in advance for your time and consideration.

Respectfully,



Valerie A. Miller  
Vice President/Harry J. Miller Enterprises, Inc.  
1184 Kenisco Rd.  
Venice, FL 34293  
(941) 496-8577