PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PS 104' NT OF STATE APPLICATION FOR FILED REINSTATEMENT DIVISION OF CORPORATIONS 98 NOV 30 AM 9: 37 P95000012638 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA JEFFREY L. MILLER INVESTMENTS, INC. Principal Place of Business Mailing Address 3218 W. AZEELE STREET 3218 W. AZEELE STREET TAMPA FL 33609 TAMPA FL 33609 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 02/13/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3297535 City & State City & State Not Applicable 6. Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) D MILLER, JEFFREY L 3218 AZEELE STREET TAMPA FL 33609 500002703895---12/04/98--01111--007 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA FL 33606 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 This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 💹 Intangible Personal Property tax due June 30. 12. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNHILD PROPERTIES, INC 3314 HENDERSON BLVD #107 TAMPA, FLORIDA 33609 (813) 872-7980

November 24, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

I have enclosed a check for \$150.00 to renew our corporate license. I called your office and the person I spoke to was very helpful and felt certain that the corporation could be reinstated without the late fee by me writing this letter of explanation provided that we had filed in the past on a timely basis. To the best of my knowledge we have.

The notices do not come directly to my office, therefore this is the first notice that I have received. I am a small business owner that relies on notification to meet various deadlines. I am responding immediately upon receiving this notification. Your consideration in this matter is greatly appreciated.

MIKE BRUNHILD, BROKER

Mich Rid