PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000072726**

1 Corporation Name

LINNETTE C. MILLER, M.S., M.H.C., INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BOULEVRD SUITE 1505 WEST PALM BEACH FL 33401	1555 PALM BEACH LAKES BOULEVRD SUITE 1505 WEST PALM BEACH FL 33401

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
18679 S.E. Federal Hwy	18679 S.E. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta FL	City & State: Tequesta FL
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/20/1995

5. FEI Number: 65-0616697 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MILLER, LINNETTE C	~~1555 PALM BEACH LAKES BOULEVARD~~ 18679 S.E. Federal Hwy	~~WEST PALM BEACH FL 33401~~ Tequesta, FL

500000204530 1
-01/03/97--01134-007
****383.75 ****383.75

Kathy Cline authorized block 5 to be completed on 12/31/96

8. Name and Address of Current Registered Agent

MILLER, LINNETTE C
1555 PALM BEACH LAKES BLVD.
SUITE 1505
W. PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: Daren L. Rubenfeld
Street Address (P.O. Box Number is Not Acceptable): 18679 S.E. Federal Hwy
Suite, Apt. #, Etc.:
City: Tequesta State: FL Zip Code: 33469

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: Daren L. Rubenfeld SIGNATURE REQUIRED Date: 12/29/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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 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: Linnette C. Miller SIGNATURE REQUIRED Linnette C. Miller 12/29/96 (561) 743-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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