PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000091379 DOCUMENT

1. Corporation Name

MILLS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

FILED

98 DEC -7 PM 6: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2550 CR 20% OXFORD FI 34484			2550 CR 204 OXFORD FL 34484				
, and the second							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Number	1 1/28/ 1895
City & State Cit			City & State	City & State		J. PET Nation	59-3366396 Applied For Not Applicable
Zip		Country	Zip	Country		6. CERTIFICATE	E 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)	Name of Officers			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box N)	City / State / Zip
PO	MILLS, GERALD WAYNE			2550 CR 204			OXFORD FL 34484
	1.22.						
	REINSTATEMENT 98 3-12/8/98						
	EMENI 019 DIS						
					72	. 9:	000027079491
						,	-12/09/3801105016 ****750.00 ****750.00
		· · · · · · · · · · · · · · · · · · ·					
	8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent	
Name						i di	
MILLS, G. W. JR 2550 CR 204					Street Address (P.O. Box Number is Not Acceptable)		
OXFORD FL 34484				Suite, Apt. #, Etc.			
City							State Zip Code
10. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1/6/98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.