


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000091379

1. Corporation Name
MILLS CONSTRUCTION, INC.

Principal Place of Business Mailing Address

**105 E. BERKMAN ST.
 SUITE C
 FRUITLAND PARK FL 34731**

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 SUITE C
 FRUITLAND PARK FL 34731**

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

FILED

01 OCT 29 PM 4: 11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT JDO

4. Date Incorporated or Qualified To Do Business in Florida **11/29/1995**

5. FEI Number **59-3366396** 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
PO	MILLS, GERALD WAYNE	2550 CR 204	OXFORD FL 34484
			200004691612--6 -11/21/01--01100--002 ****600.00 ****600.00
			7/15/01 90006/031 \$150.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

MILLS, G. W. JR
2550 CR 204
OXFORD FL 34484

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 **SIGNATURE REQUIRED** Date **10/24/01**

REGISTERED AGENT MUST SIGN

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** **10/24/01**

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

CR2E040 (6/01)