

**CORPORATION
REINSTATEMENT**



DOCUMENT # P95000091379

Mills Construction Inc.

2550 CR 20C/

2550 CR 204

Oxford FL

Oxford, i-L

34484/ Sommer

34484	Sumr.
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Name Gerald Wayne Mills Sr.

2550 CA 20C/

Oxford

FL

4489

**Signature of
Registered Agent**

REGISTERED AGENT MU

Date _____

4/6/10

Titles

Name of Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DRSD	Gerald W. Mills Sr	2550 CR 204	Oxford FL 34489
			34484

10. E-mail Address: WmillsInc@aol.com

(To be used for future annual report notification)

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. I further certify, 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

Date **MM/YY** Calltime Phone #

EXAMINER

FILED

10 APR 13 AM 9:45

THE MAYOR OF STATE
TALLAHASSEE, FLORIDA

07-10

REINSTATEMENT

300175472633

04/13/10--01003--018 **535.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

APR 13 2010