


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000097555		
1. Entity Name MILLET ENTERPRISES, INC.		

Principal Place of Business 25 INDIAN BAYOU DR DESTIN, FL 32541	Mailing Address 25 INDIAN BAYOU DR DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 230 Kono Way Suite, Apt. #, etc.	3. Mailing Address 230 Kono Way Suite, Apt. #, etc.
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City & State Destin FL	City & State Destin FL 32541
Zip 32541	Country
Zip 32541	Country

6. Name and Address of Current Registered Agent CORLEY, KELLY 25 INDIAN BAYOU DR DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name Richard E. Corley Street Address (P.O. Box Number is Not Acceptable) 230 Kono Way City Destin FL Zip Code 32541	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Kelly Corley</i> (NOTE: Registered Agent signature required when reinstating) DATE: 6/12/07	
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10. OFFICERS AND DIRECTORS D CORLEY, KELLY 25 INDIAN BAYOU DR DESTIN, FL 32541		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 500104549365 06/21/07--01011--014 **300.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEY, KELLY 25 INDIAN BAYOU DR DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Kelly Corley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 6/12/07 DAYTIME PHONE #: 850-687-0467	

FILED

07 JUN 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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