

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 29 PM 5: 56

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018340

1. Corporation Name

P. E. MILLNER, INC.

2. Principal Office Address

2432 LAKE VISTA CT.

Suite, Apt. #, etc.

206

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

3. Mailing Office Address

2432 LAKE VISTA CT.

Suite, Apt. #, etc.

206

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

REINSTATEMENT *CP-00*

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/96 **SP**

5. FEI Number

59-3363437

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PHILLIP E. MILLNER

Street Address (P.O. Box Number is Not Acceptable)

2432 LAKE VISTA CT.

Suite, Apt. #, Etc.

206

City

CASSELBERRY

State

FL

Zip Code

32707

000003329720-1
-07/20/00--01054--022
***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Phillip E. Millner
REGISTERED AGENT MUST SIGN

Date *X 6/20/00*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PHILLIP E. MILLNER	2432 LAKE VISTA CT. # 206	CASSELBERRY, FL 32707
VP	STEVEN A. DRENNAN		

10. 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)(l), 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: *X Phillip E. Millner* Phillip E. MILLNER *X 6/20/00* 407-448-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)