


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -9 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA 7000013365</u> <u>WU5000002054</u>			
1. Corporation Name <u>GARRY D. Millien, PA.</u> <u>WU5000002054</u>			
2. Principal Office Address <u>1870 Forest hill blvd</u> Suite, Apt. #, etc. <u>103</u> City & State <u>West Palm Beach, FL</u> Zip <u>33406</u> Country <u>USA</u>		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc. <u>103</u> City & State <u>West Palm Beach, FL</u> Zip <u>33406</u> Country <u>USA</u>	

REINSTATEMENT

01-05

4. Date Incorporated or Qualified To Do Business in Florida <u>2/11/1997</u>	
5. FEI Number <u>650729840</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name <u>GARRY D Millien</u> Street Address (P.O. Box Number is Not Acceptable) <u>1870 Forest hill Blvd</u> Suite, Apt. #, Etc. <u>103</u> City <u>WEST PALM BEACH</u> State <u>FL</u> Zip Code <u>33406</u>	
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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 <u>Garry D Millien</u> Date <u>1/21/05</u> REGISTERED AGENT MUST SIGN	
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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
President	GARRY D Millien	1870 Forest hill blvd 103	West Palm Beach FL 33406

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)(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: <u>Garry D Millien</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/21/05</u>	Daytime Phone # <u>5614334333</u>

CR2E081 (01/05)

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