

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY ①

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *ag aa*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 16 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000052894

1. Corporation Name

S.D. Miller, Inc.

REINSTATEMENT *ag aa*
2/16/99

Principal Place of Business

Mailing Address

3812 Riverland Rd.
Ft. Lauderdale, FL
33312

3812 Riverland Rd.
Ft. Lauderdale, FL
33312

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

4. Date Incorporated or Qualified
To Do Business in Florida

6-16-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650770853

Applied F

Not Appl

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

30 75 Additional Fee
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Scott D. Miller	3812 Riverland Rd.	Ft. Lauderdale, FL 33312
Sec./ Tres.	Gerilyn M. Miller	3812 Riverland Rd.	Ft. Lauderdale, FL 33312

300002777068--2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Scott D. Miller
3812 Riverland Road
Ft. Lauderdale, FL 33312

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of
Registered Agent By: *Scott D. Miller*

REGISTERED AGENT MUST SIGN

Date 2-15-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 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)(b), 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: Scott D. Miller

Scott D. Miller 2-15-99

954
792 4986



ACCOUNT NO. : 072100000032

REFERENCE : 135639 7176962

AUTHORIZATION : *Patricia Piziti*

COST LIMIT : \$ 908.75

ORDER DATE : February 16, 1999

ORDER TIME : 11:21 AM

ORDER NO. : 135639-005

CUSTOMER NO: 7176962

CUSTOMER: Mr. Scott D. Miller
Christian Academy
1100 Swst 21st Street

Fort Lauderdale, FL 33315

DOMESTIC FILINGS

NAME: S.D. MILLER, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____

RECEIVED
99 FEB 16 AM 11:40

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