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2000 UNIFORM BUS	1NESS REPUR	(AURN)	7		
DUCUMENT# /			FILED		
Dan Millen Design & Construction			00 0CT 20 AM 11: 37		
Inc,	·		SECRETARY OF S	TATE	
Principal Place of Business 1998 Sawdwt Rd Mailing Address SAME			SECRETARY OF STATE TALLAHASSEE: FLORIDA		
Quincy FL 3235	<u> </u>				
2. Principal Place of Business	3. Mailing Address		-		
Suite, Apt. #, etc. Suite, Apt. #, etc.		rdust RU	DO NOT WRITE IN THIS SPACE		
City & State Cary & State		4. FEI Number Applied For Not Applicable			
Zip Country	32351	Sountry	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
<u></u>			7. Name and Address of New F	Registered Agent	
Denny R. Miller Street Address			(P.O. Box Number is Not Acceptabl	e)	
941 Drake Acres Rd.			<u> </u>		
Quincy FL		City		FL Zip Coo	de
8. The above named entity submits this statement for	or the puryode of changing its req	gistered office or registe	red agent, or both, in the State of Fl	orida.	, ,
SIGNATURE & any K. M	ullh			· · · · · · · · · · · · · · · · · · ·	
Signature, typed or prived name of registered opent	h Signamarada di Santara (al di Araga en Salarra sera ta	egistered Agent signature require	d when reinstating)	DATE	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After SEPTEMBER 13, Make Check Payable				00 May Be d to Fees
11.c OFFICERS AND		12.	ADDITIONS/CHANGES TO OFF		
	☐ Delete	TITLE .		[_] Change	Addition (S)
NAME STREET ADDRESS 1941 Orake Acres CITY-ST-ZIP Tall 16666	Rd.	STREET ADDRESS CITY-ST-ZIP			CR2E034 (5/00)
TITLE .	☐ Delete		<u> </u>		■ Pred 4
NAME STREET ADDRESS CITY-ST-ZIP	,	NAME STREET ADDRESS CITY-ST-ZIP	11/01	./00~-01052 58.75	001 - 13 58.75 4
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS		NAME Street Address			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS		STREET ADDRESS .			
CITY-ST-ZIP	Delete	CITY-ST-ZIP		☐ Change	☐ Addition
ANAME"	D opiale	NAME		Onlinge	
STREET ADDRESS CITY-ST-ZIP	1	STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE 1.	78	☐ Change	Addition
NAME STREET ADDRESS	·	NAME STREET ADDRESS	· ·		
CITY-ST-ZIP		CITY-ST-ZIP			. }
13. I hereby certify that the information supplied with					
of the corporation or the receiver or trustee emor	this filing does not qualify for the true and accurate and that my sowered to execute this fedort as	e exemption stated in Se signature shall have the required by Chapter 601	ection 119.07(3)(i), Florida Statutes. same legal effect as if made under 7, Florida Statutes; and that my nam	I further certify that the i oath; that I am an officer the appears in Block 11 o	nformation or director r Block 12 if

SIGNATURE:

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10-16-00

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida. 32314

Mr., Ms. Examiner

Please allow this letter to explain my current situation and corporation status. I recently had a credit report run on my company and discovered that my corporation status was dissolved. I immediately called the Division of Corporations and learned that my report had never reached the department. I filled out the report and returned it along with a check in January of 2000. The check has never cleared the bank and I can only assume that the report and check are lost. Please allow this explanation to reinstate my corporation. I have enclosed a check for \$158.75.

If this request is not accepted please notify me immediately as my status is of critical concern. Phone# 850-545-5839

Danny/Miller