

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 PM 1:47

DOCUMENT # **P98000006692**

1. Corporation Name

**MILESTONE AUTOMATED TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

2562 JARDIN WAY  
WESTON FL 33327

2562 JARDIN WAY  
WESTON FL 33327

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

01/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0808757

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TURNER, MICHAEL A	2562 JARDIN WAY	WESTON FL 33327
			8888883846528-2
			-11/17/99--01003--012
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTIME, GILBERT  
444 BRICKELL AVE., SUITE 51-221  
MIAMI FL 33131

Name

Michael Turner

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

2562 JARDIN WAY

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Michael A Turner*

REGISTERED AGENT MUST SIGN

Date Nov 4, 1999

11. 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:

*Michael A Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/99  
Date

954-385-1481  
Daytime Phone #