

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JUN 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013547

1. Corporation Name

R MILLER EXCAVATING, INC.

2. Principal Office Address

3434 BLANDING BLVD

Suite, Apt. #, etc.

214

City & State

JACKSONVILLE FL

Zip

32210

Country

USA

3. Mailing Office Address

51304 GLENHARRY RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/98

5. FEI Number

59-3493600

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

RANDY L. MILLER

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

3434 BLANDING BLVD AP-

Suite, Apt. #, Etc.

214

City

JACKSONVILLE

State

FL

Zip Code

32210

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

REGISTERED AGENT MUST SIGN

Date

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
PVST	RANDY L. MILLER	3434 BLANDING BLVD	JACKSONVILLE FL 32210
D	RANDY L. MILLER	3434 BLANDING BLVD #214	JACKSONVILLE FL 32210

REINSTATEMENT 06 01

mw

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/22/01 904
860-6347

CR25081 (9/00)