

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 098 0000 63323

1. Corporation Name MILEE MANAGEMENT COOP.

2. Principal Office Address - No P.O. Box #

2600 NE 33rd ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2600 NE 33rd ST.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Pt. FL.

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0852804

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 RAYMOND MONTANA

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

2600 NE 33rd STREET

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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:

Raymond Montana
REGISTERED AGENT MUST SIGN

Date 2/20/07

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
PRES	RAYMOND MONTANA	2600 NE 33 ST.	LIGHTHOUSE PT., FL 33064

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 contained in Chapter 119, 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:

Raymond Montana
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/07

Daytime Phone #

954-945-8101

FILED

2007 FEB 23 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/01/07--01002--004 **1200.00

CR2E081 (1/07)

REINSTATEMENT

04-00