

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000068219**

1. Corporation Name

MILAM COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

217 ODHAM DR.
SANFORD FL 32773

217 ODHAM DR.
SANFORD FL 32773

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1998

5. FEI Number

59-3524127

Applied For

Not Applicable

6.

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	MILAM, JAMES G	217 ODHAM DR.	SANFORD FL 32773

800003046078--8

11/16/99--01082--024

*****750.00 *****750.00

REINSTATEMENT 99 11TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., #37
PALM HARBOR FL 34684

Name

Allison Milam

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

217 Odham Dr

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

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

Allison Milam
REGISTERED AGENT MUST SIGN

Date

11-3-99

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:

James G Milam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-99

Daytime Phone #

407 332-3829