PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P98000090014
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1. Corporation Name

MILLNER ENTERPRISES, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

3351 PATTIE PLACE PALM HARBOR FL 34685

Suite, Apt. #, etc.

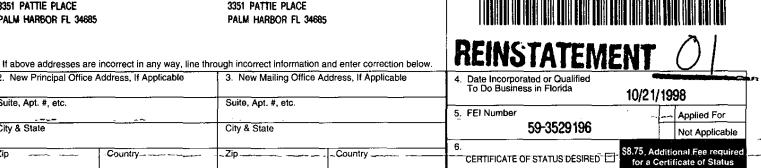
City & State

Zip

3351 PATTIE PLACE PALM HARBOR FL 34685

3. New Mailing Office Address, If Applicable

FILED



CERTIFICATE OF STATUS DESIRED

7. Names	and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SST	MILLNER, JUDITH H	3351 PATTIE PLACE	PALM HARBOR FL 94684 34685
Pres	Millner, Harold L	3351 Pattie Place	Palmtarboy, 72
			34685
		7 at 1 8	000047031580 -12/04/0101005008
			****750.00 ****750.00
1.8.			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLNER, HAROLD L 3351 PATTIE PLACE

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

Samul

PALM-HARBOR FL 34685

Suite, Apt. #, Etc._

City

Zip Code State

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

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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR