

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**

1. Corporation Name

MILLNER ENTERPRISES, INC.

Principal Place of Business

**3351 PATTIE PLACE
 PALM HARBOR FL 34685**

Mailing Address

**3351 PATTIE PLACE
 PALM HARBOR FL 34685**

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

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3529196

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
SST	MILLNER, JUDITH H	3351 PATTIE PLACE	PALM HARBOR FL 34684 34685
Pres	Millner, Harold L	3351 Pattie Place	Palm Harbor, FL 34685

8. Name and Address of Current Registered Agent

**MILLNER, HAROLD L
 3351 PATTIE PLACE
 PALM HARBOR FL 34685**

9. Name and Address of New Registered Agent

Name same

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

Suite, Apt. #, Etc.

City State Zip Code
FL

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 [Signature]
 REGISTERED AGENT MUST SIGN

Date 10/14/01

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/01 Daytime Phone # (727) 786-4456

FILED
 01 NOV -9 AM 7:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2E040 (8/01)