

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 5:01

DOCUMENT # **P99000078040**

1. Corporation Name

THE MILLER FAMILY LODGE, INC.

Principal Place of Business

**1228 WAGON WHEEL DRIVE
SARASOTA FL 34240**

Mailing Address

**1228 WAGON WHEEL DRIVE
SARASOTA FL 34240**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1999

5. FEI Number

65-0952262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MILLER, ROBERT P	1228 WAGON WHEEL DR	SARASOTA FL 34240
DST	MILLER, BETTY M	1228 WAGON WHEEL DR	SARASOTA FL 34240
			300004698223--4 -11/29/01--01046--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**MILLER, ROBERT P
1228 WAGON WHEEL DRIVE
SARASOTA FL 34240**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bob Miller

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/2/2001**

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:

Betty M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/2001
Date

941-371-0213
Daytime Phone #

CR2E040 (8/01)