

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000091695

1. Corporation Name

MILLIE T., INC.

2. Principal Office Address

20 ISLAND DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33436

Country

PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FILED

02 SEP 26 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008133771--8

-10/01/02--01061--017

***1050.00 ***1050.00

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/99

5. FEI Number

65-0981922

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

MILDRED TOMACH

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

20 ISLAND DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33436

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

Mildred Tomach

REGISTERED AGENT MUST SIGN

Date

9/23/02

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	MILDRED TOMACH	20 ISLAND DRIVE	BOYNTON BEACH, FL 33436

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 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:

Mildred Tomach MILDRED TOMACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

Date

561 737-7674

Daytime Phone #