

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101838

1. Corporation Name

MILCO EQUIPMENT

2. Principal Office Address

601 S. STATE ST.

Suite, Apt. #, etc.

City & State

BUNNELL, FL

Zip

32110

Country

USA

3. Mailing Office Address

PO BOX 1403

Suite, Apt. #, etc.

City & State

BUNNELL, FL

Zip

32110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-99

5. FEI Number

59-3614719

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

JOSEPH S. MILLER

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

86 BAYSIDE DR.

Suite, Apt. #, Etc.

City

PAIM COAST

State

FL

Zip Code

32137

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

JOSEPH S. MILLER

REGISTERED AGENT MUST SIGN

Date 11-26-02

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
S	MARGHERITA MILLER	86 BAYSIDE DR.	PAIM COAST, FL 32137

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:

JOSEPH S. MILLER

11-26-02

Date

386-931-4705

Daytime Phone #

CR2E081 (9/01)

1001 2001 4/13/01

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS FORM

U.S. Postal Service
CHANGE OF ADDRESS ORDER

Instructions: Complete Items 1 thru 10. You must SIGN Item 9.
Please PRINT all other items including address on face of card.

OFFICIAL USE ONLY

1. Change of Address for: (See instruction #1 above) <input type="checkbox"/> Individual <input type="checkbox"/> Entire Family <input checked="" type="checkbox"/> Business		2. Start Date: Month Day Year 03 08 01		Zone/Route ID No. 321135199
3. Is This Move Temporary? (Check one) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Fill in		4. If TEMPORARY move, print date to discontinue forwarding: Month Day Year till further notice		
5. Print Last Name (include Jr., Sr., etc.) or Name of Business (If more than one, use separate form for each). MILCO EQUIPMENT				Date Entered on Form 3982 M M D D Y Y 04 03 01
6. Print First Name (or Initial) and Middle Name (or Initial). Leave blank if for a business.				Expiration Date M M D D Y Y 04 03 01
7a. For Puerto Rico Only: If OLD mailing address is in Puerto Rico, print urbanization name, if appropriate.				Clerk/Carrier Endorsement
7b. Print OLD mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.). 6 B				
Apt./Suite No. or PO Box No.		or <input type="checkbox"/> RR/ <input type="checkbox"/> HCR (Check one) RR/HCR Box No.		
City Palm Coast		State FL		ZIP Code 321135-0477
8a. For Puerto Rico Only: If NEW mailing address is in Puerto Rico, print urbanization name, if appropriate.				
8b. Print NEW mailing address: Apt./Suite No. or PO Box No. City MILC477 T321352695 1301 15 04/04/01 MILCO EQUIPMENT PO BOX 1403 BUNNELL FL 32110-1403 BUNNELL				Box No. ZIP+4
9. Sign and Print Name (see condition): Sign:				
Print: J. Miller				

PS FORM 3575, September 2000

See <http://www.usps.com/moversnet> for more information.

0090

MILC477 321353225 1401 15 01/09/02
 :MILCO EQUIPMENT
 PO BOX 1403
 BUNNELL FL 32110-1403



To: Department of State

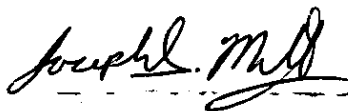
From: Milco Equipment

Date: November 26, 2002

To Whom It May Concern:

We at Milco Equipment have just found out thru our bank that our corporation has been dissolved. After further investigation we discovered that we never received our uniform business report. Attached is a change of address that was filed in a sufficient amount of time to receive the uniform business report. The Post Office does not deliver mail to our physical address at 601 S. State Street (us1) nor do they deliver to anyone on us1. When we found out when we were in the middle of a closing with our bank for financing and were not able to complete the process and are waiting for the corporation to be reinstated. We are also asking for the reinstatement fee to be waived due to circumstances out of our control. Attached you will find a check for the regular fee if there are any questions feel free to call me at (386) 931-4705. Thank you in advance for your cooperation and understanding in these matters.

Kind Regards,

A handwritten signature in cursive script, appearing to read "Joseph S. Miller", written over a horizontal dashed line.

Joseph S. Miller