arms.	ALL INSTRUCTION	7 1	OMPLET	ING THIS FORM.		
REINSTATEMENT	Katherii Secrelar	TMENT OF STATE Ne Harris y of State corporations	· (1)	SECRETARY OF DIVISION OF CORP	SIATE	
DOCUMENT # S58114 1 Corporation Name	•			99 OCT 18 PM	ORATIO _{NS} 1 2: 04	
John McE. Miller, 1	P.A.					
Principal Place of Business 447 Atlantic Blvd.	Mailing Address					
Atlantic Beach, FL 32	2233					
If above addresses are incorrect in any way, line the					<u></u>	
2 New Principal Office Address, If Applicable 333 FirstSt.N., Ste. 305 Suile, Apt. #, etc.	Suite, Apt. #, etc.	New Malling Office Address, If Applicable		4. Date Incorporated or Qualified 6/10/91		
•	City & State		5. FEI Number 59-306		Applied For	
JacksonvilleBeach, FL		Country		6, S8.75 Additional Fee regulard		
^{Zip} 32250 Country Duval					Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers	d/or Director (Florida nonprofit	Street Address of Each				
		Officer and/or Director NOT Use Post Office Box N				
P/S/T John McE. Miller 333 First		rst St.N.,St	te. 305 Jacksonville Beach, FL 32250			
		\h\f	(0)2)	000902267 -10/22/990110(****150.00 ***		
8. Name and Address of Curren	Registered Agent			ddress of New Registered Agen		
l de la companya de			n McE. Miller O. Box Number is Not Acceptable)			
B33 First				St.N.,		
Suite 30						
		^{Cily} Jackso		· (1 🖛 (~	2250	
10. I, being expointed the legistered agent of the at Signature of Registered Agent	ove named corporation, am lan		Higations of Section	Date 10-15-9	9	
11. This corporation owes the Intangible Personal Prope		30. Yes	□No区	(See other side for on intangible		
12. I centify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corputation have been paid and the on this application is triough accurate, and my second accurate.	olution has been eliminated, the names of individuals listed on t	e corporate name satisfies t this form do not qualify for s	he requirements in exemption und	of section 607.0401 or 617.0401, I	S., that all lees	
	INTER NAME OF BIGNING OFFICE		10.	-15 - 99 904-20 Date Daylima	49-8500 Phone #	
/ John McE. M	iller, Presid	ent				

JOHN McE. MILLER, P.A. Attorney-at-Law 333 First Street North, Suite 305 Jacksonville Beach, Florida 32250

Telephone (904) 249-8500

Facsimile (904) 249-0841

October 14, 1999

Department of State Division of Corporations Attn: Judy Eure P. O. Box 6327 Tallahassee, FL 32314

John McE. Miller, P.A.

Dear Ms. Eure:

Re:

In accordance with our recent telephone conversation, enclosed is my Application for Reinstatement together with my check in the amount of \$150 to cover the Reinstatement fee. At the end of 1998, I moved my office and in the moving process, the Annual Report was never received by me and must have been lost in the mail. Therefore, I respectfully request that the late fee be waived and that John McE. Miller, P.A. be reinstated as an active corporation. If there is anything further you need to accomplish this, please do not hesitate to call. I remain,

Very truly yours,

John McE. Miller

JMM/pam Enclosures