PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113279

1. Corporation Name

MILLENIUM EAGLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
800 OCALA ROAD SUITE 300 TALLAHASSEE FL 32304	~~2608 LUCERNE DRIVE~~ ~~TALLAHASSEE FL 32303~~

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
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Tallahassee, FL
Zip / Country	Zip 32304 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/2001

5. FEI Number: 59-3758323 ☐ Applied For ☐ Not Applicable

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
P	WINTERS, DONALD E	2608 LUCERNE DRIVE	TALLAHASSEE FL 32303
V	VALENTINE, STEVEN S	219 WESTWOOD DRIVE	TALLAHASSEE FL 32304

100001857123
10/24/02--01099--010 **150.00

8. Name and Address of Current Registered Agent

WINTERS, DONALD E
2608 LUCERNE DRIVE
TALLAHASSEE FL 32303

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-23-02

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 REQUIRED STEVEN S. VALENTINE 10/23/02 850-575-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 1199

MAIL BOXES ETC.
A UPS Company

October 23, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Notice of Administrative Dissolution

We would like to request that the Reinstatement fee be waived for Millenium Eagle Enterprises, Inc.. We had not received any prior uniform business report notices, and thought we had filed all that was required.

Sincerely,

Steven S. Valentine

800 Ocala Road Suite 300 Tallahassee, FL 32304 tel: 850.575.4488 fax: 850.575.4688 mbe4263@mbemail.com