2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000113390

1. Entity Name
MILLENNIUM STRATEGIES, INC.

FILED
06 JUN -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1140 RIVAGE CIRCLE BRANDON, FL 33511	1140 RIVAGE CIRCLE BRANDON, FL 33511

06012006 REIN-P CR2E098 (11/05) 0506

2. Principal Place of Business	3. Mailing Address
PO Box 1245	PO Box 1245
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mango, FL	City & State: Mango, FL
Zip 33550 Country Hillsborough	Zip 33550 Country Hillsborough

4. FEI Number 51-0522304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAVALLAEIZADEH, MASOOD
1140 RIVAGE CIRCLE
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAVALLAEIZADEH, MASOOD 1140 RIVAGE CIRCLE BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200076252032 06/16/06--01013--002 **308.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tavallaeizadeh Masood Tavallaeizadeh 6/1/06 813-505-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Mitchell JUN 1 2006