

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 30 AM 9:23

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000158216

1. Corporation Name

NEW MILLENNIUM BETTING, INC.

500137619165
11/04/08--01026--007 **\$600.00

REINSTATEMENT
CR2E081 (12/07)

05-08

2. Principal Office Address - No P.O. Box #

16400 Collins Avenue

Suite, Apt. #, etc.

Unit 642

City & State

Sunny Isles Beach, Florida

Zip

33160

Country

3. Mailing Office Address

16400 Collins Avenue

Suite, Apt. #, etc.

Unit 642

City & State

Sunny Isles Beach, Florida

Zip

33160

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2004

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER GALDI

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

16400 Collins Avenue

Suite, Apt. #, Etc.

Unit 642

City

Sunny Isles Beach

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

PETER GALDI

REGISTERED AGENT MUST SIGN

Date

10-27-08

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
PSTD	Galdi, Peter	16400 Collins Avenue, Unit 642	Sunny Isles Beach, FL 33160

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 contained in Chapter 119, 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:

Peter Galdi

Peter Galdi, Director

Date

10-27-08

Daytime Phone #

10/31