

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 28 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059622

1. Corporation Name

MILLENNIUM & ASSOCIATES CORP

REINSTATEMENT *07-09*

000142299000
01/28/09--01029--008 **450.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
7921 NW 169TH TERRACE

3. Mailing Office Address
8004 NW 154 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
310

City & State
MIAMI LAKES

City & State
MIAMI LAKES

Zip Country
33016 USA

Zip Country
33016 USA

4. Date Incorporated or Qualified To Do Business in Florida 4/22/2005

5. FEI Number
20-2757728

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
GUSTAVO E MILLAN

Street Address (P.O. Box Number is Not Acceptable)
7921 NW 169TH TERRACE

Suite, Apt. #, Etc.

City
MIAMI LAKE

State Zip Code
FL 33016

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

Gustavo E Millan

Date 1-20-2009

REGISTERED AGENT MUST SIGN

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
P	GUSTAVO E. MILLAN	7921 NW 169 TERRACE	MIAMI LAKES, FL 33016

000142299000
01/28/09--01029--008 **8.75

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:

Gustavo E Millan

GUSTAVO E. MILLAN

1-20-2009

305-793-5413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #