

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN -6 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012668**

1. Corporation Name

THIRD MILLENNIUM FINE ARTS, INC.

Principal Place of Business

210 N 12TH ST
 TAMPA FL 33602
 US

Mailing Address

210 N 12TH ST
 TAMPA FL 33602
 US



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

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3236594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	ACKLEY, LINDA	210 N. 12TH ST.	TAMPA FL 33602

800009862758
 01/06/03--01038--004 **150.00

8. Name and Address of Current Registered Agent

ACKLEY, LINDA
 210 N. 12TH ST.
 TAMPA FL 33602

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 _____

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

Linda Ackley, President
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

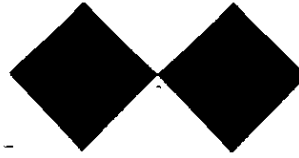
Date 12-30-02

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:

Linda Ackley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 LINDA ACKLEY 12-30-02 (813) 226-2223
 Date Daytime Phone #

CR2E040 (8/02)



T h i r d M i l l e n n i u m F i n e A r t s , I n c .

December 30, 2002

Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

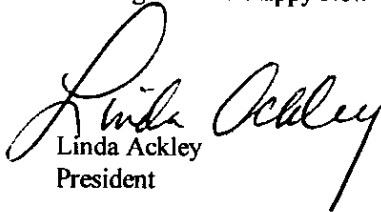
Dear Division Representative,

The year 2002 was marked by numerous periods when the business was not operating due to my illnesses and/or surgeries. I did not conduct business for weeks at a time. The mail piled up and was occasionally sorted and delivered to me by a former employee. The office was in disarray. Many items were missing.

I did not receive the two prior UBR notices. Please waive the reinstatement fee.

Thank you for your understanding and assistance.

Best regards and Happy New Year.


Linda Ackley
President