

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000037447

99 OCT 26 AM 11:20

1. Corporation Name
MILLENNIUM RECEIVABLE SOLUTIONS, INC.

Principal Place of Business Mailing Address
3010 W. CHAPIN AVE. P.O. BOX 14159
TAMPA FL 33611 TAMPA FL 33690



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
ONE DAVIS BLVD, #204
Suite, Apt. #, etc. Suite 204
City & State TAMPA FL
Zip 33606 Country USA

3. New Mailing Office Address, If Applicable
ONE DAVIS BLVD.
Suite, Apt. #, etc. Suite # 204
City & State TAMPA, FL
Zip 33606 Country USA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida 04/28/1997
5. FEI Number 59-3443071 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
D	SELETOS, KATHERINE	3204 OAKMONT MASON CIRCLE	TAMPA FL 33629
D	DEBENEDICTIS, ANTHONY	3010 W. CHAPIN AVE.	TAMPA FL 33611

200003036072--9
-11/05/99--01044--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent
SELETOS, KATHERINE
3204 OAKMONTE MASON CIR.
TAMPA FL 33629

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.
Signature of Registered Agent Katherine Seletos
Date 10/20/99
REGISTERED AGENT MUST SIGN

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: Anthony DeBenedictis 10/20/99 (813)254-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD