

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 30 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031788**

**1. Corporation Name**

**MILLENNIUM INFORMATION SYSTEMS, INC**

**200004324202--1**

**-05/25/01--01097--009**

**\*\*\*\*\*600.00 \*\*\*\*\*600.00**

**2. Principal Office Address**

**10680 QUAIL RIDGE**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

Zip

**32095**

Country

**USA**

**3. Mailing Office Address**

**PO BOX 550602**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32255**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**APR 4/1/87**

**5. FEI Number**

**59-3441986**

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

**STEVE CARDO JR.**

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

**10680 QUAIL RIDGE DRIVE**

Suite, Apt. #, Etc.

City

**ST. AUGUSTINE**

State

**FL**

Zip Code

**32095**

**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

**Steve Cardo Jr.**

REGISTERED AGENT MUST SIGN

Date **3-2-01**

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

**PRES**

**STEVE CARDO**

**10680 QUAIL RIDGE DR  
ST. AUGUSTINE, FL 32095**

**ST. AUGUSTINE, FL 32095**

**LS**

**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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

**Steve Cardo Jr.**

**STEVE CARDO JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-01**

Date

**904-910-2452**

Daytime Phone #

CR2E081 (9/00)