2004 FOR PROFIT CORPORATION REINSTATEMENT

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SIGNATURE

REINSTATEMENT CIT FD DOCUMENT # F03000001027 OL OFC -3 PM 3:05 1. Entity Name MILLENNIUM DESIGNS, INC. SECRETARY OF STATE FALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3602 BOLIN RD. 3602 BOLIN RD. HOUSTON, TX 77092 HOUSTON, TX 77092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10192004 **REIN-P** CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 76-0650246 Not Applicable Zip Country 7io Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not-Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age Jeanine Reynolds as its agent SIGNATURE at regis ed agent and atte it applicable (NOTE: Registered Agent signature reg Evoled or printed han FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME CHANDLER, JEANNIE RICH NAME 3602 BOLIN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77092 CITY-ST-ZIP TITLE VCVP ☐ Delete TITLE Change Addition MARTIN, WENDY MITCHELL NAME NAME STREET ADDRESS 3602 BOLIN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77092 Delete ☐ Addition MARTIN, WENDY MITCHELL NAME NAME STREET ADDRESS 3602:BOLIN.RD._ STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77092 CITY-ST-ZIP TITLE Delete TITLE Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the processor or trustee empowered to execute this proport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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