

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000005087**

1. Corporation Name

MILLENIUM CAPITAL CONSULTING CORPORATION

Principal Place of Business

Mailing Address

**1128 SW 26th Avenue
BOYNTON BEACH, FL 33426**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

October 1, 1996

5. FEI Number

13-3900541

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President CEO	Mark V. Antonucci	1128 SW 26th Ave	Boynton Beach FL 33426

200002616362--4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THE COMPANY CORPORATION
1313 N. Market St.
Wilmington, DE 19801**

Name **Mitchell C. Fogel**
Street Address (P.O. Box Number is Not Acceptable)
2499 Glades Road
Suite, Apt. #, Etc.
Suite #105
City **Boca Raton** State **FL** Zip Code **33431**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/98
Date

561 369 1967
Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 927933 100198A

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Pizant

ORDER DATE : August 14, 1998

ORDER TIME : 10:20 AM

ORDER NO. : 927933-005

CUSTOMER NO: 100198A

CUSTOMER: Lisa Bohrer, Legal Asst
Mitchell C. Fogel, P.a.
Suite 105
2499 Glades Road
Boca Raton, FL 33431

DOMESTIC FILINGS

NAME: MILLENIUM CAPITAL CONSULTING
CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____

RECEIVED
98 AUG 14 AM 11:34
DIVISION OF CORPORATION