

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000002004**

1. Corporation Name

MILLENIA FUNDING CORPORATION

Principal Place of Business

Mailing Address

125 COLUMBIA DR., SUITE A
ALISO VIEJO CA 92656

125 COLUMBIA DR., SUITE A
ALISO VIEJO CA 92656

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

04/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100
23046 Avenida de la Carlota

#100
23046 Avenida de la Carlota

City & State

City & State

Laguna Hills CA

Laguna Hills CA

Zip

Country

Zip

Country

92653

Orange

92653

Orange

5. FEI Number

33-0663731

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	WILLIAMS, MARTIN R	27876 ISELA COURT	LAGUNA NIGUEL CA 92677
V	DAILEY, NICK J	1634 ACACIA AVENUE	TORRANCE CA 90501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

Denise Zoller
Denise Zoller REGISTERED AGENT MUST SIGN Assistant Secretary

Date 11/2/00

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:

Nick J. Dailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/2000

CR2E040 (8/00)



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October 24, 2000

Ms. Michelle Milligan
Division of Corporations
Annual Report/Reinstatement Section
Box 6327
Tallahassee, Florida 32314-6327

Dear Ms. Milligan:

As per our telephone conversation of today, we have received your Notice of Administrative Dissolution or Revocation. We previously submitted, and you have received, our Annual report and \$550 check #43922 in August. You have also received our Change of Registered Agent notice, signed by our new agent. We did not receive any letter from your department stating that our Annual Report had been rejected. Therefore, we respectfully request that you waive the reinstatement fee and accept our Annual Report as it was previously filed.

Enclosed, per your instructions, is the signed Application for Reinstatement.

Yours truly,

Dyanna M. Winn, M.B.A.
For Millenia Funding Corporation

Enclosures