

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000008346

1. Limited Liability Company's Name

MILLENNIUM MANAGEMENT GROUP, LLC

2. Principal Office Address - No P.O. Box #

1980 Cecil st.

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33774

Country

Pinellas

3. Mailing Office Address

1107 S. Cook Ave

Suite, Apt. #, etc.

City & State

Oak Lawn, IL

Zip

60453

Country

Cook

4. State/Country of Formation

Florida/Pinellas

**5. Date Organized or Qualified
To Do Business in Florida**

05/24/2001

6. FEI Number

593720543

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sal Farinella, Sr

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

1980 Cecil st.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33774

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/5/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MD	Sal Farinella, Sr. Managing Director	1980 Cecil st.	Largo, FL 33774

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10/5/09

Daytime Phone# 727-504-9703

Typed or printed name of signing Managing Member/Manager Sal Farinella, Sr.

FILED

2009 OCT 27 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700161547527

10/09/09--01043--002 **243.75

CR2E041 (10/08)

700161547527
10/27/09--01019--017 **38.75

REINSTATEMENT

08-09
[Signature]