

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 L01000008346
 JIM SMITH
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 02 DEC 30 AM 9:01

1. DOCUMENT # L01000008346
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 500009744155
 12/30/02--01084--001 **155.00

0011707 01 SP 0.370 **SNGLP 0615 34683

MILLENNIUM MANAGEMENT GROUP, LLC
 3060 ALT U.S. 19 NORTH
 PALM HARBOR FL 34683



2. New Mailing Address 334 EAST LAKE ROAD #286		4. State/Country of Formation FL	
City, State, Zip PALM HARBOR FL 34685		5. Date Organized or Qualified To Do Business in Florida 05/24/2001	
Principal Place of Business 3060 ALT U.S. 19 NORTH PALM HARBOR FL 34683	3. New Principal Place of Business Address 2624 SUNNYSIDE CIR	6. FEI Number 59-372 0543	Applied For Not Applicable
	City, State, Zip PALM HARBOR FL 34684	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MARQUARDT, J. MATTHEW 625 COURT STREET SUITE 625 CLEARWATER FL 33756		9. Name and Address of New Registered Agent Name Sal Farinella SR Street Address (P.O. Box Number is Not Acceptable) 2624 SUNNYSIDE CIR City PALM HARBOR FL Zip Code 34684	
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10. 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 _____ Date **12-23-02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FARINELLA, SAL	3060 ALT U.S. 19 NORTH	PALM HARBOR FL 34683
MGR	Farinella SAL SR	2624 SUNNYSIDE CIR	Palm Harbor FL 34684

REINSTATEMENT 02

12. 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 **12-23-02** Daytime Phone # **727-224-2547**

Typed or printed name of signing Managing Member/Manager **SAL FARINELLA SR**

CR2E084 (8/02)