

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009508295

12/13/02--01073--002 **150.00

1. DOCUMENT # L01000011255

Name and Mailing Address

0009175 01 FP 0.352 **PRSRT HO 0 0615 32174-265758



MILLENNIUM EVENTS, LLC
58 VILLAGE DRIVE
ORMOND BEACH FL 32174-2657



2. New Mailing Address

600 N. Atlantic Ave

City, State, Zip
Daytona Beach FL 32118

Principal Place of Business

58 VILLAGE DRIVE
ORMOND BEACH FL 32174

3. New Principal Place of Business Address

600 N Atlantic Ave

City, State, Zip
Daytona Beach FL 32118

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/11/2001

6. FEI Number

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

MORENO, MARISOL
600 NORTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Marisol Moreno Date 11/6/02
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
President	Stephen Penland	600 N Atlantic Ave	Daytona Beach, FL 32118

REINSTATEMENT

02
dec

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

Stephen Penland Date 11/6/02 Daytime Phone # 267-1610

Typed or printed name of signing Managing Member/Manager

CR2EG84 (8/02)