2002 2003 L01000013796

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 10 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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01/10/03--01080--002 **200.00

DOCUMENT # L01000013796

1. Limited Liability Company's Name

Millennium Admin. Services, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1575 San Ignacio		1575 San Ignacio	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite PH		Suite PH	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33146	USA	33146	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/16/2001

6. FEI Number: 65-1135963 ☐ 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: Benjamin Metsch, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1455 N.W. 14th Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33125

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 _____ Date 1/8/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres.	Benjamin Metsch, Esq.	1455 N.W. 14th Street	Miami, FL 33125
			M THOMAS
		REINSTATEMENT 2002-2003	
			1/15

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 1/8/03 Daytime Phone # (305) 545-6400

Typed or printed name of signing Managing Member/Manager: Benjamin Metsch, President