

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC -7 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *L0400000 7071*

1. Limited Liability Company's Name

CHANDRA RAJALINGAM

*Millennium Tek Solutions LLC*

2. Principal Office Address

15651 Summit Place Circle,

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

15651 Summit Place Circle,

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/27/2004

6. FEL Number

20-0697209

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

CHANDRA RAJALINGAM

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

15651 Summit Place Circle,

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

100082334121  
12/07/06--01004--021 \*\*205.00

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 11/9/2006

REGISTERED AGENT MUST SIGN

**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
MGR	CHANDRA RAJALINGAM	15651 Summit Place Circle,	Naples, FL - 34119

*05-06-12/8*  
*Just*

**REINSTATEMENT**

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 11/9/2006

Daytime Phone # 239-851-4440

Typed or printed name of signing Managing Member/Manager CHANDRA RAJALINGAM