

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **204000024334**

1. Limited Liability Company's Name

**MILLENNIUM INVESTMENT BROKERS
LLC.**

800173260368
03/26/10--01040--010 **\$16.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 9737 NW 41 ST		3. Mailing Office Address 9737 NW 41 ST	
Suite, Apt. #, etc. # 414		Suite, Apt. #, etc. # 414	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country USA	Zip 33178	Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

50-0017587

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 **PEDRO MONCADA**

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

7064 NW 113 PL

Suite, Apt. #, Etc.

City **DORAL**

State

FL

Zip Code

33178

☐ 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

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Date **03/24/2010**

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	PEDRO MONCADA	7064 NW 113 PL	DORAL, FL 33178

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DB

11. E-mail Address:

(To be used for future annual report notifications)

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

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Date **03/24/10**

Daytime Phone # **305-905 8712**

Typed or printed name of signing Managing Member/Manager