

877.50

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 PM 4:30

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #
MILLENNIUM MULTIMEDIA, LLC L9400000719
1673 West Paul Dirac Drive
Tallahassee, FL 32310

1a. Principal Place of Business Address
1673 West Paul Dirac Drive
Tallahassee, FL 32310

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
1673 West Paul Dirac Dr.
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip
32310
Country
Leon

2a. Mailing Address
1673 West Paul Dirac Drive
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip
32310
Country
Leon

3. Date Organized or Qualified
12-28-94

3a. State of Formation
Florida

4. FEI Number
59-3320397
☐ Applied For
☐ Not Applicable

5. Date of Last Report
8-23-96

6. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

A. Gib DeBusk, Ph.D.
1673 W. Paul Dirac Drive
Tallahassee, FL 32310

8. Name and Address of New Registered Agent

Name
Robert Bush

Street Address (P.O. Box Number is Not Acceptable)
1673 W. Paul Dirac Drive

Suite, Apt. #, etc.
1

City
Tallahassee FL Zip Code
32310

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

Robert C. Bush

Date
3-30-98

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Manager	A. Gib DeBusk, Ph.D.	1673 W. Paul Dirac Dr.	Tallahassee, FL 32310
Manager	Robert C. Bush	1673 W. Paul Dirac Dr.	Tallahassee, FL 32310
Manager	Robert F. Lee	118 N. Monroe St.	Tallahassee, FL 32301

PRIVATE
AR
SUPP
500.00
200.00
177.50
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REINSTATEMENT 1997-1998

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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

Robert C. Bush

Date
3-30-98

Daytime Phone # 850-574-4401

Typed or printed name of signing Managing Member/Manager

Robert C. Bush