

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR -7 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000629

1. Limited Liability Company's Name

Millennialtek Industries, LLC

2. Principal Office Address

4798 S. Fla. Ave. NO. 406

Suite, Apt. #, etc.

City & State

Lakeland, Fla.

Zip

33813

Country

Polk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

J

Zip

Country

USA

4. State/Country of Formation

Lansing, Mich. USA

5. Date Organized or Qualified
To Do Business in Florida

03/08/2002

6. FEI Number

38-3517340

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

Crystal Whitaker

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

4798 South Florida Ave. NO. 406

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Crystal Whitaker

Date 04/06/05

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
MEM	Crystal Whitaker	4798 S. Fla. Ave NO. 406	Lakeland, FL 33813

REINSTATEMENT

03-05

CWS

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04/07/05 01065 001 **155.00

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

Crystal Whitaker

Date 04/06/05

Daytime Phone # 863-838-8433

Typed or printed name of signing Managing Member/Manager

CRYSTAL WHITAKER

CR2E041 (10/02)

Secretary of State
Department of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

ATTN: Ms. Gretchen Harvey
Document Specialist Supervisor

Dear Gretchen,

I am sending this application along with the fee to have my foreign corp. re-instated. It has been cancelled erroneously, due to the fact that **I have not received any annual notice** that was due.

Please make the necessary corrections so that our records are correctly reflecting it's proper active position.

I thank you in advance for your handling of this important matter.

My best regards,

Crystal Whitaker
Pres./Managing Member
Millennialtek Industries, LLC