

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000007665

1. Corporation Name

NEW MILLENIUM INNOVATIONS, INC.

Principal Place of Business

614 E WISCONSIN AVENUE
DELAND FL 32724-4431

Mailing Address

614 E WISCONSIN AVENUE
DELAND FL 32724-4431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
255 LAKE GEORGE RD
City & State
SEVILLE FLORIDA
Zip
32190-7890 Country
VOLUSIA

Suite, Apt. #, etc.
255 LAKE GEORGE RD
City & State
SEVILLE, FLORIDA
Zip
32190-7890 Country
VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

59-3635126

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DV	HAMILTON, RAYMOND A	1300 S WOODLAND BLVD. 255 LK. GEO. RD. SEVILLE 32190	DELAND FL 32720
DPT	HAMILTON, MARGARET Y	614 E WISCONSIN AVENUE 255 LK GEO. RD SEVILLE 32190	DELAND FL 32724
D	ROWLES, LILA	119 N HIGH STREET	DELAND FL 32720
S	WILKINSON, THERESA	426 E BERESFORD AVENUE	DELAND FL 32724
			200004688142--9 -11/20/01--01004--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUICK, WALTER
1300 S WOODLAND BLVD.
DELAND FL 32720

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Walter Quick
REGISTERED AGENT MUST SIGN

Date 10-23-2001

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

MARGARET Y. HAMILTON, PRES.

SIGNATURE:

Margaret Y. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01

Date

386 749 0828

Daytime Phone #

CR2E040 (8/01)