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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 29 AM 11:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000014196**

1. Corporation Name

NEW MILLENNIUM FINISHES INC.

REINSTATEMENT 01-04

2. Principal Office Address

15902 SW 103 LANE

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33196

Country

DADE

3. Mailing Office Address

15902 SW 103 LANE

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33196

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2-09-2000

5. FEI Number

20-1662095

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GRACIELA OHAN

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

15902 SW 103 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Graciela Ohan

Date

9/24/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GRACIELA OHAN	15902 SW 103 LANE	MIAMI FL. 33196

10. 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.

SIGNATURE:

Graciela Ohan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/04

Daytime Phone #

CR2E081 (01/04)

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September 24, 2004

To: Florida dept. of State

From: New Millenium Finishes, Inc.

Please accept this letter to acknowledge that I Mr. Johnny Ohan never received the First or Second notice reference the anual renewal registration form for my business New Millenium Finishes, Inc. so I would please appreciate if you remove the \$ 600.00 reinstatement fee also enclosed is the check for \$ 600.00 for the years 2001,2002,2003, and 2004 Annual Registartion fee's.

Thank You,

Mr. Johnny Ohan
(305) 305-7388