

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR -1 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000015180**

1. Corporation Name  
Millennium Painting Inc.

2. Principal Office Address  
285 Jefferson St

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, Fl.

Zip  
33931

Country  
USA

3. Mailing Office Address  
285 Jefferson St

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, Fl.

Zip  
33931

Country  
USA

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 02/11/2000

5. FEI Number  
65-1046217

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

**Sean Crosair**

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

Suite, Apt. #, Etc.

City

Ft. Myers Beach

State  
FL

Zip Code  
33931

**500048027829**  
03/09/05--01008--014 \*\*458.75

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

Date 02/16/2005

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
D	Sean Crosair	285 Jefferson St	Ft. Myers Beach, Fl. 33931

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)(l), 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: **Sean Crosair**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2005  
Date

239-765-4613  
Daytime Phone #

CR2E081 (01/05)

/

**Millennium Painting Inc.**

285 Jefferson St  
Ft. Myers Beach,  
FL. 33931  
239-765-4613

February 17, 2005

To Division of Corporations

My name Sean Crosiar owner of Millennium Painting Inc. I am writing this letter in regards of the status of the activity on my account. It is inactive at this time. I found out by wanting to change workers compensations carrier. The company that I have been working with were the ones that looked up my current status and told me. I have not at any time received papers for keeping my status active. I have had so many different mail men that I don't get all of my mail. Not only this paper work but other things like electric and phone that has made me late on those also. Due to the mail man not getting me all my mail. The reason for this letter is that I am asking for you to wavier the reinstatement fee of \$ 600.00. Enclosed with this letter is my corporation reinstatement document and a check for \$ 458.75. I am sorry that this has happened but I hope that you can work with me in resolving that matter. Once that I have a active status I plan to do all payments over the internet.

Sincerely,  
Sean Crosiar  
Signature