PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ...



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000031624

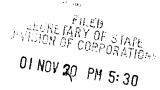
1. Corporation Name

MILLENNIUM BUYER'S AND LESSOR'S CLUB, INC.

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Mailing Address

13696 COLUMBINE AVE. SUITE 200 WEST PALM BEACH FL 33414 13696 COLUMBINE AVE. SUITE 200 WEST PALM BEACH FL 33414





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|-------------------------------------|--|---|---|--------------------------|-----------------------------------|-------------------------------------|--|--|
| If above | addresses are incorrect in any way, line | hrough incorrect | information and ent | er correction below | | | | |
| | | | Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified | | | |
| Suite, Apt. #, etc. | | Suite, Apt. # | Suite, Apt. #, etc. | | — U3/23/2000 | | | |
| City & State City & State | | | | | 5. FEI Number APPLIED FOR | | Applied For | |
| ony a on | | Oity a State | | | 6. | NU FOR | Not Applicable | |
| _ <u>Z</u> ip | Country | Zip | Cou | ntry | 1 | E OF STATUS DESIRED S | 3.75 - Additional Fee required for a Certificate of Status | |
| 7. Names | and Street Addresses of Each Officer ar | d/or Director (Fl | orida nonprofit corp | orations must list at le | east 3 directors) | | | |
| Title(s) | | | Street Address of Each Officer and/or Director | | | | | |
| D | VALENCIA, HERBERT M | | 13696 COLUMI | BINE AVE, SUITE : | 200 | WEST PALM BEACH F | . 33414 | |
| | | | | | Si Sin | 10004706 -12/05/01 ****150.00 | \$3133 01063-015 ****150.00 | |
| | 8. Name and Address of Currer | nt 9. Name and Address of New Registered | | | Agent | | | |
| 13696 | ICIA, HERBERT M COLUMBINE AVE, SUITE 200 PALM BEACH FL 33414 | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt.,#, Etc. | | | | | | |
| | | | | City | 73.2.2.2.1. | Fl | e Zip Code | |
| 10. I, being Signature e Registered | | Colin | oration, am familiar | with and accept the o | obligations of Sect | ion 607.0505, F.S. Date _/0/29 | 01 | |
| | | | | | | | | |

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/01 798-3185



MILLENNIUM BUYER'S & LESSOR'S CLUB, INC

13696 Columbine Avenue Suite 200 Wellington, FL 33414-8146 561.798.3185 Fax 561.791.4656 hmvalenci@adelphia.net

October 23, 2001

Divisions of Corporations

Annual Report/Reinstatement Section

POB 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is an application for reinstatenment for my company. I request a waiver of the \$600.00 fee because the first notice I received was the Notice of Administrative Dissolution. We receive a great deal of "junk mail" and most probably any earlier notices may have been discarded by mistake. In any case, I did not receive any prior notices.

Enclosed is the annual fee of \$ 150.00. Thank you for your assistance.

Cordially,

Herbert M. Valencia

President