

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

02 JAN 10 PM 12:10

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P000000 35351**
MILLENIUM DOLLAR PLUS STORE, INC.
13833 Wellington Trce #3
Wellington, FL 33414

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address **TALLAHASSEE FLORIDA**

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

4-6-2000

5. FEI Number

65-0998618

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PR.	ENAMUR RASHEED	1388 Wellington Trce #3	Wellington, FL 33414
V. PR.	YOUSUF HAMID	1388 Wellington Trce #3	Wellington, FL 33414
			600004777886--9 -01/16/02--01043--003 ****150.00 ****150.00
			600004777886--9 -01/16/02--01043--004 ****150.00 ****150.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

SYED SHARFI

Street Address (Do NOT Use P.O. Box Number)

7210 Plover Lakes CR

Street Address (Do NOT Use P.O. Box Number)

W. P. B

City

State

FL.

Zip

33413

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/2/02

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation 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 Officer or Director

[Signature]

Date

1/2/02

Daytime Phone #

561-640-4010

Typed or printed name of signing officer or director

YOUSUF HAMID

CR2E040 (8/92)

pg. 2 of 2

Dated 12/05/2001

The Secretary of State,
Division of Corporation,
Tallahassee, Florida

Dear Madam / Sir

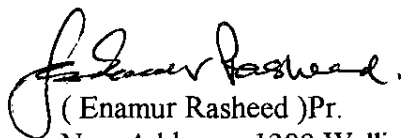
Subj: **Late Filing of Uniform Business Report**

With due respect, it is very humbly stated that I never got my UBR form , the reason seems to be my new address . **I had, though informed the Post Office of change of my address.**

I will much appreciate your benevolence & sympathetic consideration in this matter.

Thanking you.

Yours Sincerely



(Enamur Rasheed)Pr.

New Address : 1388 Wellington Trace # 3
Wellington, Fl 33414