

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

1.002

**CORPORATION  
REINSTATEMENT**

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

02 MAY 15 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039070

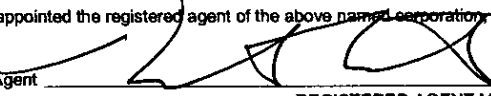
1. Corporation Name  
The millennium group 1 Enterprises Inc

000005677930--9  
-06/04/02--01074--004  
\*\*\*\*300.00 \*\*\*\*300.00

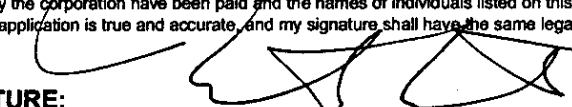
2. Principal Office Address <u>701 North moody Rd</u>		3. Mailing Office Address <u>701 North moody Rd</u>	
Suite, Apt. #, etc. <u># 12-2</u>		Suite, Apt. #, etc. <u>12-2</u>	
City & State <u>Palatka FL</u>		City & State <u>Palatka FL</u>	
Zip <u>32177</u>	Country <u>USA</u>	Zip <u>32177</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-3639816</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Mitchell Roberts</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>701 North moody Rd</u>	
Suite, Apt. #, Etc. <u># 12-2</u>	
City <u>Palatka</u>	State <u>FL</u>
	Zip Code <u>32177</u>

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 <u>5/10/2002</u>
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
Pres	Mitchell Roberts	104 Orange tree Rd	East Palatka FL 32131
vice Pres	David Ferguson	129 Sill Lane	Sgtsuma FL 32189

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:  <u>Mitchell Roberts</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date <u>5/10/02</u>	
Daytime Phone # <u>386-312-1028</u>	

CR2E001 (8/01)

2 of 2

**The Millennium Group 1  
Enterprises, Inc.**

701 North Moody Rd.  
Suite 12-2  
Palatka, Fl. 32177  
386-312-1028 Fax 386-312-1034

May 10, 2002

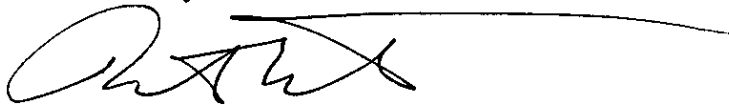
Department of State  
Division of Corporations  
P.O. Box 6327  
409 East Gaines St.  
Tallahassee, Fl. 32399

Dear Sir or Madam:

We have been made aware The Millennium Group 1 Enterprises, Inc. has been in the inactive status. After speaking with one of your representatives today she explained we never received some forms from your office. To reinstate the corporation she told me to download this form, fill it out then return it to you with a check in the amount of \$300.00.

Please find the completed form and my check in the requested amount \$300.00. I am overnighting this to you to try and expedite the reinstatement process.

Sincerely,



Mitchell Roberts  
President