PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR -1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043928

1. Corporation Name
MILLENIUM VARIETY, CORP.

REINSTATEMENT 01-08
CR2E081 (12/07)
NOP

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
5727 NW 7TH ST		5727 NW 7TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE: 264		SUITE: 264	
City & State		City & State	
MIAMI FL		MIAMI FL	
Zip	Country	Zip	Country
33126	USA	33126	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/02/2000

5. FEI Number 33-1209500 ☐ 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
LORENZO CARRERAS

Street Address (P.O. Box Number is Not Acceptable)
5727 NW 7TH ST

Suite, Apt. #, Etc.
SUITE: 264

City	State	Zip Code
MIAMI	FL	33126

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Lorenzo Carreras Date 03-31-08
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
PD	LORENZO CARRERAS	5727 NW 7TH ST SUITE: 264	MIAMI FL 33126
		000121791150 04/01/08--01010--011 **1200.00	

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 contained in Chapter 119, 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: Lorenzo Carreras 03-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #