


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000053316		
1. Entity Name MILLENNIUM 2000 CONSTRUCTION CORPORATION		

Principal Place of Business 656-E NE CAPITAL CIRCLE SUITE E TALLAHASSEE, FL 32301	Mailing Address 656-E NE CAPITAL CIRCLE SUITE E TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 3206 Whilaway Trail	3. Mailing Address SAME.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TALLAHASSEE	City & State FL.
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Zip 32312	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WATERS, THOMAS DON 44 S/ OJIBWA RD/ MONTICELLO, FL 32344	Name _____ Street _____ City _____ State FL
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 10/06/08
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WATERS, THOMAS D 44 S. OJIBURN RD. MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure John Harrison 3206 Whilaway Trail Tallahassee, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136823061 10/10/08--01044--019 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 10/06/08	Daytime Phone #
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FILED

2008 OCT -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



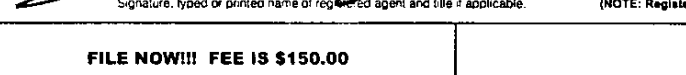
10062008 REIN-P CR2E098 (1/07)

4. FEI Number
59-3649324

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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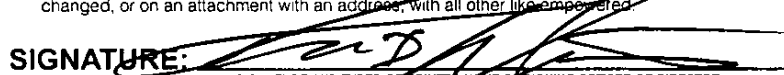
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