PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000053316

1. Corporation Name

Millennium 2000 Construction Corporation

2. Principal Office Address

2128 Wembley Way

Suite, Apt. #, etc.

City & State

TALLAHASSEE   FL

Zip	Country
32308	Leon

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL.

Zip	Country

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09/23/03--01048--012  **300.00
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3649324	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

THOMAS DON WATERS

Street Address (P.O. Box Number is Not Acceptable)

2128 Wembley Way

Suite, Apt. #, Etc.

City TALLAHASSEE	State FL	Zip Code 32308

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 _[signature]_   Date 9-15-2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PCEO	THOMAS DON WATERS	2128 Wembley Way	TALLAHASSEE FL 32308
		REINSTATEMENT 02-03	

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: _[signature]_   9-15-2003   (850) 257-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #