

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03*

DOCUMENT # P00000062097

1. Corporation Name

MILLENIUM INVESTMENT AND INSURANCE SERVICES, INC

Principal Place of Business

Mailing Address

7160 FAIRWAY DR
UNIT J9
HIALEAH FL 33014
US

7160 FAIRWAY DR
UNIT J9
HIALEAH FL 33014
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
6600 NW 27 Ave

3. New Mailing Office Address, If Applicable
6600 NW 27 Ave

Suite, Apt. #, etc.

6600 # 19

Suite, Apt. #, etc.

19

City & State

Miami FL 33147

City & State

Miami FL 33147

Zip

33147

Country

Miami Dade

Zip

33147

Country

Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

65-1025008

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PD	THOMAS, PORTIA	7160 FAIRWAY DRIVE UNIT J9 <i>2928 NW 28 Lane</i>	HIALEAH FL 33014 <i>Oakland Park FL 33311</i>
VPD	COOMBS, ONEL	15762 SW 20TH STREET	MIRAMAR FL 33027
TD	GOLDEN, THERESA A	4831 NW 154TH STREET	MIAMI FL 33064
<i>CDA</i>	<i>Julius Jackson sr</i>	<i>1832 NW 193 st</i>	<i>Miami FL 33056</i>
<i>D</i>	<i>Terrell Gr. West</i>	<i>6600 NW 22 Ave</i>	<i>Miami FL 33147</i>
<i>D</i>	<i>Cheryl Sander</i>	<i>7160 Fairway Dr J9</i>	<i>Miam. Lake 33014</i>

8. Name and Address of Current Registered Agent

THOMAS, PORTIA
7160 FAIRWAY DR
UNIT J9
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name

Thomas Portia

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

2928 NW 28 Lane Oakland

Suite, Apt. #, Etc.

City

Oakland

State

FL

Zip Code

33311

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. or 617.0505, F.S.

Signature of
Registered Agent

Portia **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *10-17-03*

11. 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:

Portia **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03 (305) 962-5144

Date

Daytime Phone #

CR2E040 (7/03)

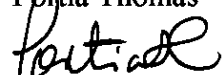
October 18, 2003

Florida Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, Fl. 32399

Attention: Reinstatement Department

The following letter is to inform you that due to the fact that I (Potria Thomas) was out of town for several months, I did not receive UBR notice. I would for the reinstatement fee to be waved and pay the fee with out penalty. Please find attach a copy of the reinstatement form and a check for one hundred and fifty dollars (\$150.00).

I am very sorry about being so late. Thank you for your kind understanding.

Potria Thomas

President/Director