PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State Division of Corporations							FILED 09 AUG -4 PM 4: 49 SEURETARY DE CTATE	
DOCUMENT # P00000065634 1. Corporation Name							SEURETARY OF STATE TALLAHASSEE, FLORIDA	
MILLENIUM STEEL INC.								
					W09-33233		ISTATEMENT OL-09	
2. Principal O	Office Addre	ss - No P.O. Box#	3. Mailing Office Address			UP!	DIMITIMENT 0000	
2516 Wil	ley Stree	et	PO Box 246176				CR2E081 (12/08)	
Suite, Apt. #. e	atc.		Suite, Apt. #, etc.				rporated or Qualified siness in Florida 2000	
City & State			City & State					
Hollywood			Pembroke Pines, FL			5. FEI Numb 65-1022	er Applied For Not Applicable	
Zip FL	Country Broward		Zip 33024		Country Broward	6. CERTIFICAT		
7. Name and Address of Current Registered Agent								
Name Ricardo Wright Street Address (P.O. Box Number is Not Acceptable)						circum	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive	
2516 Wiley Street Suite, Apt. #, Etc.						are c	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
City Hollywood	d	0 0	A)	State Zip Code 33024		fee be	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 Place REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and of 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	
Dir S	yble Wa	ntson	2844 Funston Street				Hollywood/FL/33020	
Dir R	Ricardo Wright			2516 Wiley Street			Hollywood/FL/33020	
	4.8/5					08/04	00159237036 	
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10. I certify that I am an officer or director or the receiver or trusted 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 baid and the names of 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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Dayline Phone #**								