PLEASEREADALLINSTRUCTIONSBEFORECOMPLETINGTHISFORM.

FILED

03 MAR 26 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDADEPARTMENTOFSTATE
SecretaryofState
DIVISIONOFCORPORATIONS

DOCUMENT # P000000 97595

1. Corporation Name
MILLENIUM CUSTOM WORKS LLC

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
1061 S.W. 1ST WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH	City & State: FLORIDA
Zip: 33441 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/3/00

5. FEI Number: 65-1048243 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MITCHELL DOMENECH

Street Address (P.O. Box Numbers is Not Acceptable): 1061 SW 1ST WAY

Suite, Apt. #, Etc.:

City: DEERFIELD BEACH State: FL ZipCode: 33441

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03/26/03 01004 031 **1050.00

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: Mitch Domenech Date: 3/7/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/97)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PRES	MITCHELL DOMENECH	1262 S DEERFIELD DR.	DEERFIELD BEACH, FL 33441

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: Mitch Domenech 3/7/03 954-868-5168

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

gr. 411