

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02-03 UOR

FILED

03 JUL 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020977

**1. Corporation Name**

TUTOR MILLENIUM PC CORP.

**2. Principal Office Address**

9751 WEST SAMPLE RD

Suite, Apt. #, etc.

City & State

CORAL SPRING, FL

Zip

33065

Country

US

**3. Mailing Office Address**

9751 WEST SAMPLE RD

Suite, Apt. #, etc.

City & State

CORAL SPRING, FL

Zip

33065

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0870751

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

CARMEN RANGEL

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

Suite, Apt. #, Etc.

9751 WEST SAMPLE RD

City

CORAL SPRING, FL

State  
FL

Zip Code

33065

**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

REGISTERED AGENT MUST SIGN

07-08-03

Date

**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
PSD	CARMEN RANGEL	9751 WEST SAMPLE RD	CORAL SPRING, FL 33065

**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:

*Carmen Rangel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-08-03

Date

954-755-1492

Daytime Phone #

**Miami, July 8<sup>th</sup> 2003**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Re: TUTOR MILLENIUM PC CORP  
Doc Number P01000020977**

**Dear Sir or Madam:**

**Please find enclosed an application for reinstatement with our new address.**

**We have never received the Uniform Business Reports. We think they were sent to a different location.**

**We are enclosing a check for \$300 to cover the following fees:**

**2002 Uniform Business Report  
2002 Uniform Business Report**

**We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.**

**Your consideration will be greatly appreciated.**

**Sincerely,**

  
**Carmen Rangel  
President  
9751 West Sample Road  
Coral Springs, FL 33065**