

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000053620

1. Corporation Name

MILLITAS ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

6900 W 32ND AVE

3. Mailing Office Address

6900 W 32ND AVE

Suite, Apt. #, etc.

SUITE # 7

Suite, Apt. #, etc.

SUITE # 7

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33018

Country

USA

Zip

33018

Country

USA

7. Name and Address of Current Registered Agent

Name
WILFRED GONZALEZ

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

17876 SW 146TH CT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33177

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

Date **10-17-2007**

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
PD	JORGE L. DIAZ	6900 W 32ND AVE SUITE # 7	HIALEAH FL 33018
			400111243894 10/24/07 01003-004 **\$600.00
	REINSTATEMENT	10-07	
	RLH		

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 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

10-17-2007

Date

Daytime Phone #

FILED

07 OCT 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2001

5. FEI Number

65-1108690

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.