B 1371 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094057

1. Corporation Name
Millennium Wealth Strategies

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
8244 NW 9th CT	8244 NW 9th Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. Date Incorporated or Qualified – To Do Business in Florida: 9-26-01

5. FEI Number: 65-1143962 ☐ 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: Andrea Gellert

400033093704
04/19/04--01068--011 **300.00

Street Address (P.O. Box Number is Not Acceptable): 8244 NW 9th Court

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: 4-9-04

CR2E081 (01/04)

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
P	Andrea Gellert	8244 NW 9th Ct	Plantation FL 33324

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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4-9-04 (Date) 9547097098 (Daytime Phone #)

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April 9, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Unfortunately I did not receive an application/form for my annual or Uniform Business Report for the year 2003. I was also unaware that I had to do this on an annual basis.

I was surprisingly informed from an attorney who was checking out my business online that my company had been dissolved.

I then called the State Department and spoke to Yula who advised me to write this letter.

I am requesting that the fees associated to reinstatement be waived and that you please accept my $ 300.00 check to pay for 03 & 04 and that my company be reinstated.

If you have any questions, please call me 954-709-7098.

Thank You! Andrea Gellert, President