

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 PM 1:18

DOCUMENT # P01000099838

1. Corporation Name

MILLENUM TOBACCO U.S.A., INC.

Principal Place of Business

~~7400 N.W. 7TH STREET~~
~~SUITE 110~~
~~MIAMI FL 33126~~

Mailing Address

~~7400 N.W. 7TH STREET~~
~~SUITE 110~~
~~MIAMI FL 33126~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3211 Ponce de Leon Blvd~~

Suite, Apt. #, etc.

206

City & State

Miami FL

Zip

33134

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number

65-1145605

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	VALLS, ENRIQUE M	7400 N.W. 7TH STREET SUITE 110 3211 Ponce de Leon Blvd	MIAMI FL 33126 MIAMI FL 33134
D	VALLS, ENRIQUE M	7400 N.W. 7TH STREET SUITE 110 3211 Ponce de Leon Blvd	MIAMI FL 33126 MIAMI FL 33134

8. Name and Address of Current Registered Agent

VALLS, ENRIQUE M

~~7400 N.W. 7TH STREET~~ 3211 Ponce de Leon
~~SUITE 110~~ Suite 206
~~MIAMI FL 33126~~ MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/02

11. 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

Date

Daytime Phone #

10/29/02 (305) 445-5270

CR2040 (8/02)