

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 19 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104836

1. Corporation Name

MILLENNIUM WIRELESS INC.

2. Principal Office Address

815 NW 37 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

3. Mailing Office Address

815 NW 37 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

REINSTATEMENT

02-04

4. Date Incorporated or Qualified

To Do Business in Florida 10-30-2001

5. FEI Number

☒ 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

YOLAINE NAVARRO

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

815 NW 37 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33125

10/30/02 01126005 158.75
4/22/03 01072014 750.00

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

[Signature]

Date 02-18-04

REGISTERED AGENT MUST SIGN

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/D	YOLAINE NAVARRO	815 NW 37 AVE.	MIAMI, FL 33125
V/D	Dulce Maria Molina	815 NW 37 AVE.	Miami, FL 33125
			300029395253 02/25/04-01042-005 **150.00
			300029395253 02/25/04-01042-005 **150.00

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]

02-18-04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Ta