

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 28 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000054528**

1. Corporation Name

**The Millennium Company Inc.**

2. Principal Office Address

**458 Cypress St**

Suite, Apt. #, etc.

City & State

**Altamonte Springs FL**

Zip

**32714**

Country

3. Mailing Office Address

**PO Box 608512**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32860**

Country

RECEIVED BY MAIL  
04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**-/2002**

5. FEI Number

**22-3866906**

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

**Paul R. King**

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

**3254 LAKE HELEN OSTEN ROAD**

Suite, Apt. #, Etc.

**DELTONA FL 32738**

City

State

**FL**

Zip Code

**700078483707**  
**08/08/06--01062--016 \*\*45.75**

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] CEO/Pres.**

Date **6-20-06**

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
<b>CEO/Pres</b>	<b>Paul Ryan King</b>	<b>3254 LAKE HELEN OSTEN RD DELTONA, FL 32738</b>	<b>←</b>

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] Paul R. King**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/20/06**

Date

**407-521-0290**

**321-331-8736**

Daytime Phone #

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Dear Division of Corporations,

I have enclosed a check in the amount of \$450.00 for the Annual report fee and corporate supplemental fee for the years 2004-2006 and another check to have the business name amended. Recently I went to conduct some business and was made aware of the fact that my business was dissolved. My accountant is the person that usually handles this information and the finances for it every year along with the taxes. Therefore, I am asking that the reinstatement fee be waived in my case because I never received anything and neither has he I am guessing or else it would have been done.

Furthermore, to make sure this doesn't happen again I have taken into account certain procedures to reassure that this is handled in a professional and timely manner. On the other hand, I have had to change accountants recently as well. If there are any problems or questions please feel free to contact me at 321-251-6155 or by mail at 3254 Lake Helen Osteen Rd Deltona Fl 32738. Thanks in advance for your time and cooperation.

Thank you.

Sincerely,

Paul Ryan King