2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P030000224		FILED					
Enity Name MILLENNUM AUTO BROKER, CORP.				06 APR 1			
Principal Place of Business	Mailing Address			TALLAMASS	LIVI STA	IE	
	227 PETUNIA TERR., #: Sameord, FL 32771	105		riac Atha.).	'15年, FL ()民	ID A	
2. Principal Place of Business 13/3 Green Forest 9	Mailing Address 1313 Bree	n Forest 1	C1		7.7.7.7.7.		
Suite, Apt. #, etc.	Suite, Apr. #, etc.		04062006	S REIN-P CR	ŽE098 (11/05)	5-06	
Winter Garden	State 1 ter Garden City & State Winter Gar		4. FEI Numb 31-181		<u> </u>	pplied For at Applicable	
34/187. 4443 Orange 3	7787 - 4443	Country	5. Certificate	of Status Desired	\$8.75 Add	litional	
6. Name and Address of Current Reg	stered Agent	Name	7. Name and	Address of New Register	ed Agent		
SANTIAGO, ERIC J		Street Add	Street Address (P.O. Box Director is Not Miccontable)				
DELTONA, FL 32725			Street Address (P.O. Box Muntber is Not Acceptable)				
	•	City /	7 /		Zip Cod	8	
The above named entity submits this statement for the	purpose of changing its r	egistered office or re	egistered agent, or bo	-	- 328	and accept	
the obligations of registered agent.	A	- ,					
SIGNATURE Signature lyped or printed name of registered agent and bit	e il applicable (NOTE:	Registered Agent signatur	re required when reinstating		-05 TE		
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), corporation did not receive the prior							
10. OFFICERS AND DIRE		11.	ADDITIONS	I /CHANGES TO OFFICERS /		S IN 11	
TITLE D NAME SANTIAGO, ERIC J	☐ Delete	TITLE NAME		16072	Change	☐ Addition	
STREET ADDRESS 1470 LAVENDER ST. CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS CATY - ST - ZIP	Orland	arlfon Bir			
TITLE NAME	☐ Delele	TITLE NAME			Change	Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
STREET ADDRESS	11/12	NAME STREET ADDRESS					
CITY-SI-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	SIF		O5/0	500073713675 05/02/0601035004 **308.75			
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS	_ 5000	NAME			C. Stangs		
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS		STREET ADDRESS					
CHY-ST-ZIP 12. I hereby certify that the information supplied with this	filing does not qualify for	CITY-ST-ZIP	tained in Chapter 115	Florida Statuta 1 forth	nortify that the	formati	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 407-687-9421 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date							