2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000022416

1. Entity Name
MILLENNUM AUTO BROKER, CORP.

FILED
06 APR 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1470 LAVENDER ST~~ ~~DELTONA, FL 32725~~	~~227 PETUNIA TERR., #~~105 ~~SANFORD, FL 32771~~

REINSTATEMENT 05-06
04062006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
1313 Green Forest Ct	1313 Green Forest Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden	City & State: Winter Garden
Zip: 34787-4443 Country: Orange	Zip: 34787-4443 Country: Orange

4. FEI Number: 31-1819022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTIAGO, ERIC J ~~1470 LAVENDER ST~~ ~~DELTONA, FL 32725~~	Name Street Address (P.O. Box Number is Not Acceptable): 1051 Charlton Cir City: Orlando FL Zip Code: 32832

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-7-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTIAGO, ERIC J ~~1470 LAVENDER ST~~. ~~DELTONA, FL 32725~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1051 Charlton Cir Orlando, FL 32832
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/13	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500073713675 05/02/06--01035--004 **308.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-7-06 407-687-5421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #