

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 30 PM 1:14

DOCUMENT # P04000151341

1. Corporation Name

APPLIED MILLENNIUM CORP.

2. Principal Office Address - No P.O. Box #

3731 NW 80 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 133427

Suite, Apt. #, etc.

City & State

MIAMI

City & State

HIALEAH

Zip

33147

Country

USA

Zip

33013

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

201841346

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

DAVID G. BAITINGER

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

3731 NW 80 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David G. Baitinger

REGISTERED AGENT MUST SIGN

Date

11/24/2009

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
DP	DAVID G. BAITINGER	3731 NW 80 STREET	MIAMI, FL 33147

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

David G. Baitinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/2009

Daytime Phone #

305 447 0061