2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000170262

City-St-Zip:

NORTH MIAMI BEACH, FL 33162

Entity Name: IBS MILLENNIUM GROUP, INC

FILED Oct 03, 2009 Secretary of State

Littly Nai	ile. IDO WILLE	INNOW GROOF, INC					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	18TH AVENUE	<u> </u>					
202 NORTH M	IAMI BEACH, F	FL 33162					
Current Mailing Address:			New Maili	New Mailing Address:			
16375 NE 18TH AVENUE							
202 NORTH M	IAMI BEACH, F	FL 33162					
FEI Number: 57-1215688 FEI Number Applied For () FEI N			FEI Number Not App	lumber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
16375 NE ² 202 NORTH M	PATRICK L 18TH AVENUE IAMI BEACH, F	FL 33162 US					
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered of	office or registered agent,	or both,	
SIGNATUR	RE: PATRICK	BRINSON					
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRINSON, PATE 16375 NE 18TH		Title: Name: Address: City-St-Zip:	BRINSON, PAT 16375 NE 18TI	() Change () Addition TRICK L H AVENUE #202 BEACH, FL 33162		
Title: Name: Address: City-St-Zip:	IRVING, GERAL 16375 NE 18TH		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	P (X) BRINSON, MAR 16375 NF 18TH		Title: Name:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PATRICK BRINSON P 10/03/2009