Oct. 23 2008 10:23AM P1

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2008 OCT 24 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000040700

1. Entity Name
MILLENIUM STAR CLEANING INC.

Principal Place of Business	Mailing Address
5783-B NW 151 ST MIAMI LAKES, FL 33014	5783-B NW 151 ST MIAMI LAKES, FL 33014

10232008 REIN-P CR2E098 (1/07) 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-2522527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANO, MARIA E
5783-B NW 151 ST
MIAMI, FL 33014

7. Name and Address of New Registered Agent

Name: Ana M Ginoris
Street Address (P.O. Box Number is Not Acceptable): 10920 SW 41 Street
Miami FL. 33165
City: FL Zip Code

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] 10/23/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $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	P CANO, MARIA E 5783-B NW 151ST STREET MIAMI LAKES, FL 33014 ☐ Delete	☐ Change ☐ Addition 600137621526 11/04/08--01021--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GINORIS, ANA M 10920 SW 49 ST MIAMI, FL 33165 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #