

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 APR 10 PM 12:23

DOCUMENT # P05000128337

1. Corporation Name

Millennium Services of Pinellas, Inc.

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

4685 Park Street N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33709

Country

USA

3. Mailing Office Address

4685 Park Street N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33709

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
37-1439820

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

Mary Masyada

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

11417 126th Avenue

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33778

☐ 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

*Mary Masyada*

Date 3/24/2009

REGISTERED AGENT MUST SIGN

**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
<u>P</u> Owner	Gumercindo Benito	6989 George M Lynch Drive	St. Petersburg, FL 33702
<u>D</u>	Mary Masyada	11417 126th Avenue	Largo, FL 33778

B4/10/09

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REINSTATEMENT

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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2009

Date

727-548-9702

Daytime Phone #

per conversation with ms. Mary Masyada on 4-10-09  
But D has to become and EO for Gumercindo Benito B4/10/09