PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	/	EPARTN cretary o	of State	·		FILED MAR 18 AM 7:59	
DOCUMENT # P. 06 0000 57150 1. Corporation Name Prive Groupe Lamitie de Millenium							ETARY OF STATE NHASSEE, FLORIDA	RH
WO 9000007 446						02 /13/ 0	014359345 901039013	;≘ ∗150.00
2. Principal	rice Address N.E 136 Street REI			REI	NSTATEMENT			
Suite, Apt. #, etc. Suite, Apt. #,			3.			4. Date Incorpo	prated or Qualified	71 2014
City & State	≒(? 1)	City & State	City & State MIAMI FLORIDA			5. FEI Number SG-1/58 SSD Not Applied For Not Applicable		
Zip	Country	zip 3316	1	Country Da	de	6.	OF STATUS DESIBED . \$8.75	Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent								
Name FRED YVON Alisma					☐ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable)					circumstances which the entity did not receive the prior notices. By checking this box, you			
1425 N.E 136 STREET Suite, Apt. #, Etc.					are certifying the prior notices were not			
					received and requesting the reinstatement			
City		tate 3	Zip Code 316/	03/18/0901003023 **150.00				
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 A Greed Agent MUST SIGN Date 2 9 9								
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 Director	Street Address of Each Officer and/or Director				City / State / Zip		
P	Red YVON AlismA 1485 N.E 136 Str						Miami FL	3316/
γ.	Jude M. Bieu	Building b						3316/
5.	JEAN E. FERDINAND 13800 N.E 6 DAL					Je #7	Miami FL	33/6/
V	Macie Do CASIMIR 1425 N.E 136 St				eet Minmi FL 33161			
To	JEANINE Boileau 13800 N.E 6th AUG							
V	GENA VOI	(4.	1960	N.E	16 Ave	Building5 #106	Niami F	L 33161
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: FROM YVON. ALISMO, X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PROPERTY.

ocument à l'eive Groupe 2 amitie de Hillenium \$206000057150 am Very Sorry, Because Never Receipt No Letter About my Corperation DR 2008