

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000092636

1. Corporation Name

THE NEW MILLIONAIRES, INC

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

6001 N.W. 153 ST

Suite, Apt. #, etc.

SUITE 141

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

6001 N.W. 153 ST

Suite, Apt. #, etc.

SUITE 141

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

7. Name and Address of Current Registered Agent

Name

Anthony A. Martinez

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

12754 SW 23 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/8/10

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
✓	Belinda Villock	12856 SW 31 CT	MIRAMAR, FL 33027

**M. MILLIGAN
EXAMINER**

APR 20 2010

10. E-mail Address:

brillock@bellsouth.net

(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:

Belinda Villock

Belinda Villock

2/8/10

305-818-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR 19 PM 1:09

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

900168619909

04/13/10--01003--001 **120.00

900168619909

02/12/10--01024--006 **150.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified To Do Business in Florida

7/12/2006

5. FEI Number

205712856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

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04/22/10--01029--003 **30.00