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2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 AM 11:58

| | | | |
|--|--|---|---|
| DOCUMENT # P07000118737 | |  | |
| 1. Entity Name MILLENNIUM ART & DESIGN, INC. | | | |
| Principal Place of Business 4300 NO. OCEAN BLVD PH-G FT. LAUDERDALE, FL 33308 | | Mailing Address 4300 NO. OCEAN BLVD PH-G FT. LAUDERDALE, FL 33308 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 11-3828810 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BYRNES, VINCENT 4300 NO. OCEAN BLVD PH-G FT. LAUDERDALE, FL 33308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BYRNES, VINCENT 4300 NO. OCEAN BLVD PH-G FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300137897159 11/13/08--01037--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Vincent Byrnes | | Date: 11/10/08 Daytime Phone #: 954-290 6050 | |

To whom it
May Concern: ~~Phonk~~

After Speaking to one
of your Representatives,

I told her this
is the First Document I
Received in regards to
my Corporations Dissolution.

I was told to send
in this amount 150.⁰⁰ AND
also I will be Due
again in Jan. 2009.

Thank You

Vincent Bynes