

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 29 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # P11000038206

1. Corporation Name

PS MILLENNIUM UNLIMITED, INC

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

3. Mailing Office Address

5579 WESTVIEW DRIVE

5579 WESTVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32810

USA

32810

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2011

5. FET Number

451776167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANGELA PAULK

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

5579 WESTVIEW DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

600265985636
10/29/14--01019--017 **1058.75

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

REGISTERED AGENT MUST SIGN

Date 10/25/2014

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
PRES	PAULK, THEODIS	5579 WESTVIEW DRIVE	ORLANDO, FL 32810
VP	PAULK, ANGELA	5579 WESTVIEW DRIVE	ORLANDO, FL 32810
VP	PAULK, SHACORY, J	351 NW 135 TER, APT 206	PEMBROKE PINES, FL 33028

10. E-mail Address: psmillenniumunlimited@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2014

407-203-6271

Date

Daytime Phone #