

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 25 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000013699**

1. Corporation Name

**CEH INTERNATIONAL, INC**

2. Principal Office Address

**7040 W. PALMETTO PARK RD.**

Suite, Apt. #, etc.

**Suite 4-119**

3. Mailing Office Address

**22380 Pineapple Walk Drive**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton FL**

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0561105**

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

**HENNING, CAROLINE E.**

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

**22380 Pineapple Walk Drive**

Suite, Apt. #, Etc.

City

**Boca Raton**

State

**FL**

Zip Code

**33433**

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 **1/15/02**

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
<b>P/D</b>	<b>HENNING, CAROLINE E.</b>	<b>22380 Pineapple Walk Drive</b>	<b>Boca Raton FL 33433</b>
<b>D</b>	<b>FRIEDEL, BERNARD</b>	<b>1315 SABAL PALM DRIVE</b>	<b>Boca Raton FL 33432</b>

**300004960509**

**02/20/02 01045 008**

**\*\*\*\*458.75 \*\*\*\*458.75**

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 under section 119.07(3)(i), 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]*  
**Caroline E. Henning**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02 561-338-5692**

Date

Daytime Phone #

CR2E081 (9/01)

2012

CEH International, Inc.

7040 W. Palmetto Park Road  
Suite 4-119  
Boca Raton, FL 33432

Telephone 561-338-5692

1/18/2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement Document P95000013599

Greetings:

This is a small company which has an address located in a complex of buildings numbered 1,2,3,4 etc. For some unknown reason the buildings and suites were renumbered so that our address was changed from suite 2-119 to 4-119. The post office forwarded mail for 6 months and then returned all improperly addressed mail that did not contain the new suite #; 4-119.

Consequently, the UBR forms for 2000, 2001 and 2002 and other important mail were never received, nor the notice of dissolution. We are still plagued by this address nonsense, which is beyond our control.

While the failure to receive the forms does not relieve us of the responsibility of timely filing, we respectfully request that you accept our reinstatement form and check for \$458.75 and waive the penalty in this instance.

Please note that the new principal address has been corrected on the reinstatement form and to further insure that this does not happen again I have made the mailing address to me, as I am the President, Director and sole stockholder.

Thank you for your kind consideration.

Cordially,  
CEH International, Inc.



Caroline Henning  
President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 25 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

SLS MILLENIUM, INC.  
c/o BEVERLY PARYS

**2. Principal Office Address**

1411 E CAPE CORAL PKWY

Suite, Apt. #, etc.

**City & State**

CAPE CORAL, FL

**Zip**

33904

**Country**

US

**3. Mailing Office Address**

1411 E CAPE CORAL PKWY

Suite, Apt. #, etc.

**City & State**

CAPE CORAL, FL

**Zip**

33904

**Country**

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/13/1999

**5. FEI Number**

APPLIED FOR

☒ **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**

BEVERLY PARYS

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

1411 E CAPE CORAL PKWY

**Suite, Apt. #, Etc.**

**City**

CAPE CORAL

**State**

FL

**Zip Code**

33904

**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**

1-18-02

**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
D	KARL LORENZ JAENTSCHI	1320 S.E. 31ST STREET	CAPE CORAL, FL 33904

**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 under section 119.07(3)(I), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

1-18-02

CR2201 (9/00)