PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		in the last of the		Katherine Harris			r	" I L C	
NEIN	STATEM	ENI		Secretary of State			00.19	BUOT (M 2. 27
			יוט	ISION OF CORPORATIONS			UZ JI	I CZ MA	PH 3: 37
poci	JMENT	# P 950	20.00	13699			SECR	ETARY (OF STATE FLORIDA
1. Corpora							YALLA	HASSEE	. FLORIDA
	CFH	INTEDAL	Δ 771Ω <i>(</i>	VAL, INC					\circ
	~ ← 11	INTERIV	T 1107	V/12) 11.C				1	[/ _
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	·						1	1P	ŧ
2. Principa	al Office Addre	_ ^		Office Address		0	~ 00		Λ
70		· Palmetto Yank		380 PINEApply L	A/KDRIVE	{	$()^{2}()$	· //)	$// M \Lambda$
Suite, Apt. #	#, etc.	1 110	Suite, Apt. #	, etc.	4 0-1-			-a	\times
<u> </u>	urte -	7119		- · · -		Business in	or Qualified Florida	- (
City & State		On a d El	City & State	D 1	5. FEI N	lumber		Apr	plied For
-	OCA	ROTON,FL	1500			<u> 5-0</u>	56 1105	Not	t Applicable
^{Zip} てっ	1433	Country	Zip Zo A	Country	A 6. CERTIF	FICATE OF ST		75 Additional	
ر ر		0,5	<u> </u>	733			/	or a Certificati	e of Status
	Name	- 4	7.	Name and Address of Current R	legistered Agent				ł
	Manne	HEN	VING	, CAROLINI	FE.				
	Street Add	ress (P.O. Box Number is N	ot Acceptable)			~		•	
ı	Suite Ant	<u>. حر حر </u>	380	PINEAPPLE	WAIK	DR	ا لاحتسال		İ
	Suite, Apt.	#, EtC.							i
	City	2 0		1		Stat			
		DOCA K	ATON			Fl	<u>- 334</u>	33	
8. I, being	appointed the	registered agent of the abo	ve nathed corp	oration, am familiar with and acce	pt the obligations of	section 607.	.0505 or 617.0503, F.S	•	CR2E081 (9/01)
Signature of Registered		200	/_			De	1/15/0	2	2E08
rogistered	Agent	RI	GISTERED AC	SENT MUST SIGN		De	16 / 13		g
9. Names	and Street Ad	Idresses of Each Officer and	1/or Director (Fl	orida nonprofit corporations must	list at least 3 directo	ors)			
Titles		Name of	.	Street Address			City / Stat	to / Zin	
- 1	17	Officers and/or Directors		Officer and/or		_			
PP	Henn	ING, CAROL	INE E.	22380 PINEA	ipple walk	Delvi	Boca Rati	NFL 3	3433
· വ	FOLE	DEL, BERN	<u> </u>	1315 SABAL PA).	. Th	R	, a D. 3- 4	E1 22	11123
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10. I certify	that I am an o	fficer or director or the rece	ver or trustee e	mpowered to execute this applicat	ion as provided for i	in chapter 60	7 or 617, F.S. I further	certify that wh	en filing
this rein	nstatement app	olication, the reason for diss	olution has been	n eliminated, the corporate name s luals listed on this form do not qua	satisfies the requirer	ments of sec	tion 607.0401 or 617.04	01, F.S., that	all fees
on this	application is t	rue and accurate, or my to	gnature shall ha	eve the same legal effect as if made	le under oath.				
	4	0 1	- 11			101	. 9 /=0 :	220	F / C/2
SIGNAT		er Zine E	. Hen	SIGNING OFFICER OR DIRECTOR		15/	02561-	-33-8	<u>-5</u> 673
	310	MAIONE AND THEO OR PR	MIED MARE UP	SIGNARIO OFFICER OR DIRECTOR	•	Date	Dayl	ume Mone #	

Tola

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 Internațional, Inc.

Caroline Henning

President

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CORPORATION	าท
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REINSTATEME	:NI
1	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

A0000 83038 1. Corporation Name

SLS MILLENIUM, INC. c/o BEVERLY PARYS

2. Principal Office	3. Malling Office Address						
1411 E	CAPE CORAL	PKWY	1411	E	CAPE	CORAL	PK
Sulte, Apt. #, etc.	Suite, Apt. #, etc.						
City & State			City & State			····	
CAPE CO	CAPE CORAL, FL						
Zip	Country		Zlp	_		ountry	
33904	US		3390	4		US	

FILED

02 JAN 25 AM 8: 55

SECRETARY OF STATE TALLAHASSEE. FLORIDA

6000049528 -02/19/02010	116	3009
01	**	*150.00
Date Incorporated or Qualified To Do Business in Florida 9/13/1	99	9
FEI Number	Y	Applied For
APPLIED FOR		Not Applicable
		onal Fee required licate of Status
nent .		

Name BEVERLY PARYS	
Street Address (P.O. Box Number is Not Acceptable) 1 41 1 E CAPE CORAL PKWY	500004952826 -02/19/0201016
Suite, Apt. M, Etc.	
CAPE CORAL	State Zip Code 7 3 3 9 0 4

5.

i, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of	of section 607.0505 or 617.0503, F.S
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TERED AGENT MUST SIGN

Date 1-18-02.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at feast 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 filling 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 peld 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