

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 FEB 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014031**

1. Corporation Name

MILLIONAIRES' PLAYGROUND INVESTMENT VENTURES, INC

2. Principal Office Address

25 OLD KINGS RD., NO. ~~123~~

Suite, Apt. #, etc.

SUITE 3B

City & State

PAUM COAST, FL

Zip

32137

Country

USA

3. Mailing Office Address

P.O. BOX 352801

Suite, Apt. #, etc.

City & State

PAUM COAST, FL

Zip

32138

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/98

5. FSI Number

59-329581#

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

GARY A. BLOOM

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

25 OLD KINGS RD. NORTH. ~~123~~

Suite, Apt. #, etc.

SUITE 3B

4000003161144-1

-03/08/00--01007--016

*****1350.00 ***1350.00**

PAUM COAST

State
FL

Zip Code

32137

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 **2/23/00**

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
P/D	GARY A. BLOOM	25 OLD KINGS RD. NO. SUITE 3B	PAUM COAST, FL 32137

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

GARY A. BLOOM

Date

2/23/00

Daytime Phone #

904 447-3797

CR2E081 (9/99)