

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P95000089637

1. Corporation Name

Partners in Excellence Inc.  
d.b.a. millennium motors

2. Principal Office Address

462 Lakepark Tr

Suite, Apt. #, etc.

3. Mailing Office Address

14127 Rensselaer Rd

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Orlando

Zip

32765

Country

USA

Zip

32826

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

November 22, 1995

5. FEI Number

593345781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

100005140181--7

-03/22/02--01005--009

\*\*\*\*\*8.75 \*\*\*\*\*8.75

7. Name and Address of Current Registered Agent

Name

Karen Haber

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

462 Lakepark Tr

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

100005140181--7

-03/22/02--01005--010

\*\*\*\*\*600.00 \*\*\*\*\*600.00

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

Date

3/5/02

REGISTERED AGENT MUST SIGN

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	Karen Haber	462 Lakepark Tr	Oviedo, FL 32765
V	Charles H. Thompson III	14127 Rensselaer Rd.	Orlando, FL 32826
S	Charles H. Thompson III	14127 Rensselaer Rd.	Orlando, FL 32826
T	Sarah Thompson	1320 Silverthorn Dr	Orlando, FL 32825

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

Charles H. Thompson III

Date

3/5/02

Daytime Phone #

(407) 592-6740

CR2E081 (9/01)

March 1, 2002

To whom it may concern,

I did not receive my notice stating it was necessary to renew my corporation. We moved our location and apparently the mail did not get to us. I would be very thankful if you could waive the fees to reinstate our corporation. I have enclosed a check for \$600 to pay the remainder of the balance. If you are unable to waive the fee please do not cash the enclosed check, as we will have to start up a new corporation because of the economics involved. Your assistance in this matter would be greatly appreciated. Thank you for your time and if you could call me and let me know if you are going to be able to accept the payment of \$600 to reinstate our corporation I would be grateful.

Sincerely,



Charles H. Thompson  
Vice President / Partners in Excellence Inc.

Phone # (407) 592-6740

Please send all mail to  
14127 Rensselaer Rd  
Orlando, FL  
32826