

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 10 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9960000 29799

1. Corporation Name
NEW MILLENNIUM CAFE, INC.

Principal Place of Business Mailing Address
1725 NE 26 Avenue
Ft. Lauderdale, FL 33305 SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1725 NE 26 Avenue		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/4/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0663218	
City & State Ft. Lauderdale, FL		City & State		Applied For Not Applicable	
Zip 33305		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SR 75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CANDIDA CREMONA	1725 NE 26 Avenue	Ft. Lauderdale, Florida 33305
			500002428155-7 -02/11/98-01099-009 ***150.00 ***150.00
			REINSTATEMENT 97-98 4 2-10-98
			500002428155-7 02/11/98-01099-010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent Howard B. Nadel LAW OFFICES NEIMARK & NADEL, P.A. 800 CORPORATE DRIVE #420 FORT LAUDERDALE, FLORIDA 33334		9. Name and Address of New Registered Agent Name CANDIDA CREMONA Street Address (P.O. Box Number is Not Acceptable) 1725 NE 26 Avenue Suite, Apt. #, Etc. City Ft. Lauderdale State FL Zip Code 33305	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Candida Cremona REGISTERED AGENT MUST SIGN Date 2/9/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(j), 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 Candida Cremona 2/9/98 (954) 566-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #