

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035279

1. Corporation Name

millennium Designs of miami, Inc.

Principal Place of Business

5635 NW 36 avenue
Miami, Fla 33142

Mailing Address

4300 NW 37 ave
Miami Fla 33142

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

2. New Principal Office Address, If Applicable

5635 NW 36 avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4300 NW 37 avenue
Suite, Apt. #, etc.

City & State

Miami

City & State

Miami Florida

Zip

Fla 33142 USA

Zip

33142 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/96

5. FEI Number

650663612

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒\$9.75 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
P	William Fabregat	782 SW 11 Street	Miami Fla 33129
S	Luis A. Perez	4514 S.W. 134 ct	Miami Fla 33175
VP	James Royce	4175 SW 110 terrace	Davis Fla 33328

REINSTATEMENT

97-98

96-26-98

8. Name and Address of Current Registered Agent

Luis A. Perez
4514 SW 134 ct
Miami Fla 33175

9. Name and Address of New Registered Agent

Name

Luis A. Perez

Street Address (P.O. Box Numbers Not Acceptable)

4300 NW 37 avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

06/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.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 110.07(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

Sec. Mortham

06/24/98

Daytime Phone #