PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 09(00)000000000000000000000000000000000	O9 JUL 14 AM 4: 20 SECRETARY UT STATE TALLAHASSEE, FLORIDA
1. Corporation Name	TALLAHASSEE, FLURIDA
Millennium Wealth, INC.	
7/12900023949	700156159447 05/19/0901018012 **750,00
2804 Reminsten Green Cir (Same)	V5/19/0901018012 **750.00 CR2E081 (12/07)
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State	4. Date Incorporated or Qualified To Do Business in Florida 1986
City & State City & State City & State City & State Zip Country Zip City & State	5. FEI Number Applied For Not Applicable
32308 USA 219 COUNTRY	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name MAUREEN WARD Street Address (P.O. Box Number is Not Acceptable) HO19 Hish grove Rd. Suite, Apt. #, Etc. City TAI/Ahassee State Zip Code 32309	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 5/14/09 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 Street Address of Each Officers and/or Directors Officer and/or Director	
UP Gene WARD 4619 Happyrous Rd. Parlahasse, FK 32309	
1985 Maureen WARD 4619 Lighgrowerd, Idlehusser, Fr. 32309	
55-09	
REINSTATEMENT	
RH	
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 paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: MULLENCE. OLOGA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR