

CAPITAL CONNECTION

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04/22 '99 13:45 NO.188 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

APR 23 AM 10:12  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P96000064694

1. Corporation Name

MILLENNIUM 1 OF SARASOTA, INC.

Principal Place of Business

8334 Sanderling Road  
Sarasota, FL 34242

Mailing Address

8334 Sanderling Road  
Sarasota, FL 34242

REINSTATEMENT

98-99ad

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

8/1/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0685194

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	Dikran V. Simidian	8334 Sanderling Road	Sarasota, FL 34242

CH0000255580-0  
-04/23/99--01086--010  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Stephanie A. Reinicke  
1800 Second Street, Suite 803  
Sarasota, FL 34236

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I am hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-22-99

11. This corporation owes 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 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:

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-22-99 941-331-1776