

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 18 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000064694

1. Corporation Name

MILLENNIUM 1 OF SARASOTA,
INC.

2. Principal Office Address

1217 Moonmist Cir

Suite, Apt. #, etc.

3. Mailing Office Address

1217 Moonmist Cir

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

Zip

34242

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/01/1996

5. FEI Number

650685194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephanie A. Reinicke

600004853046-7

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

1800 Second Street

-02/01/02-01039-027

***308.75 ***308.75

Suite, Apt. #, Etc.

Suite 803

City

Sarasota

State

FL

Zip Code

34236

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-17-02

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
PSTD	Dikran V. Simidian	1217 Moonmist Cir	Sarasota, FL 34242

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/02

Daytime Phone #

941-350-9655

CR2E081 (9/01)

STEPHANIE A. REINICKE, P.A.

ATTORNEY AT LAW
SUITE 803
1800 SECOND STREET
SARASOTA, FLORIDA 34236

BOARD CERTIFIED IN REAL ESTATE

PH. 941-366-1630
FAX 941-366-0693

ALSO ADMITTED IN COLORADO

January 16, 2002

Florida Department of State
Division of Corporations
P. O. Box 5327
Tallahassee, Florida 32314

Re: **MILLENNIUM 1 OF SARASOTA, INC.**

Ladies/Gentlemen:

I represent the above referenced corporation. Enclosed is a application for reinstatement and the reinstatement fee of \$300.00, together with \$8.75 for a certificate of good standing. Please be advised that the corporation did not receive the 2001 annual report and is requesting that the \$600.00 portion of the reinstatement fee be waived.

Please do not hesitate to contact this office should you have any questions.

Very truly yours,


Stephanie A. Reinicke

/sar

Enclosures

cc: Dikran V. Simidian

2002