

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 30 PM 2:29

Yntu  
10/30

DOCUMENT # P96000089192

1. Corporation Name

MILLENNIUM AEROSPACE, INC.

Principal Place of Business

~~4184 BATON ROUGE WAY~~  
~~COOPER CITY FL 33026~~

Mailing Address

~~4184 BATON ROUGE WAY~~  
~~COOPER CITY FL 33026~~



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

2. New Principal Office Address, If Applicable

4059 N.W. 79<sup>th</sup> AVENUE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10844 RICHMOND PLACE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1996

5. FEI Number

65-0715329

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

City & State

COOPER CITY, FLORIDA

Zip

33026

Country

U.S.A.

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
D	MULLEN, MICHAEL	4184 BATON ROUGE WAY	COOPER CITY FL 33026
D	MULLEN, MICHAEL	10844 RICHMOND PLACE	COOPER CITY, FL. 33026
S	MULLEN, CENDY	10844 RICHMOND PLACE	COOPER CITY, FL 33026

9000002336899--7  
-11/03/97--01153--012  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

CALLAHAN, J R  
700 SO ROYAL POINIANA BLVD. STE 502  
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-27-97

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 119.07(9)(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:

*Michael Mullen*

MICHAEL MULLEN

10/27/97

305 717 3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)