PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 JAN 31 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002808

1. Corporation Name

Millennium
~~MILLENIUM~~ HOLDING COMPANY OF NAPLES, INC.

2. Principal Office Address	3. Mailing Office Address
5150 Tamiami Trail North	SAME
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SAME
City & State: NAPLES, FL	City & State: SAME
Zip: 34103 / Country: USA	Zip: SAME / Country: SAME

4. Date Incorporated or Qualified To Do Business in Flori: 01/10/97

5. FEI Number: 59-3423317 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NICOLE YOUNG

Street Address (P.O. Box Number is Not Acceptable): 7017 LONE OAK BOULEVARD

Suite, Apt. #, Etc.:

City: NAPLES | State: FL | Zip Code: 34109

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT SIGN Date: 1/25/00

9. Names and Street Addresses of Each Officer and/or Director (FK ...rofit 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
P/S/O	NICOLE YOUNG	7017 LONE OAK BOULEVARD	NAPLES, FL 34109

REINSTATEMENT

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: _____ 1/25/00 9412624 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #