## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT			RTMENT OF Stry of State	STATE			FILE(	4 I: 08	
DOCUMENT # P970000 24862  1. Corporation Name						SEURETARY OF STATE TALLAHASSEE, FLORIDA				
THIRD HILLENNIUM CONSTRUCTION INC										
						RFINS	STATE	vient	mu në	
	BUCAYNE B	3. Mailing Office Addre	Office Address			PW (FT) W Ebe-H	•			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida A.B.C. 19 1997				
City & State  MIAHI FLORIDA			City & State			5. FEI Number Applied For				
Zip 331	Country	) S A	Zip	Country		6.	OF STATUS DESIR	\$8.75 Add	Not Applicable	
	7. Name and Address of Current Registered Agent									
	Name									
	Street Address (P.O. Box Number is Not Acceptable)  CERTIFIED PUBLIC ACCOUNTAINT									
	COODS AND A STATE OF THE STATE						ID NEW YORK STATE YNE BLVD., SUITE 507			
	City	MIR	MI, FL 3318 State Zip Code							
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 Lyv Chrut  REGISTERED AGENT MUST SIGN										
Signature of Registered Agent Ly Vanut Date FE 23, 2005										
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 and/or Directors	Street Address of Eac Officer and/or Directo			or City / State / Zip				
P D	FRANCESCO FROID		10	3		02/25/05- <del>1</del> 1004007 **600.00				
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S/RK	<b>U60</b> v	CHIAR	ATO_	<b>20</b>	7		<i>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </i>			
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: Ly Create FE BRIARY 23, 2005 (305)899,5099 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayline Phone #										

## REINSTATEMENT APPLICATION

February 18, 2005

Florida State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Under penalty of perjury, I do hereby affirm never having received Uniform Business Report. With regards,

Yours respectfully, In Qu'unt

UGO V. CHIARATO, SECRETARY (DIRECTOR

THEY HILLEWNIUM CONSTRUCTION, INC.