

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 AM 9:14

DOCUMENT # **P97000027477**

1. Corporation Name

MILLENNIUM MARKETING SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

12361 SW 185 ST.
MIAMI FL 33177

12361 SW 185 ST.
MIAMI FL 33177



05/27/99 90008 048 1500

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

2. Old Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1997

5. FEI Number

65-0929586

Applied For

APPLIED FOR

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SELGAS, JOHNATHAN	12361 SW 185 ST.	MIAMI FL 33177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SELGAS, JOHNATHAN
12361 SW 185 ST.
MIAMI FL 33177

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

11-20-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNATHAN S. SELGAS

Date

11-20-99 (305) 287-4934

Daytime Phone #

AD

783-0249