PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

98-01 UBR

FILED
01 APR 30 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031788

200004324202--1
-05/25/01--01097--009
****600.00 ****600.00

1. Corporation Name
MILLENIUM INFORMATION SYSTEMS, INC

2. Principal Office Address	3. Mailing Office Address
10680 QUAIL RIDGE	PO BOX 5520602
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State: JACKSONVILLE, FL.
Zip: 32095 Country: USA	Zip: 32255 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 4/1/87

5. FEI Number 59-344 1986 ☐ 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: STEVE CARDO JR.
Street Address (P.O. Box Number is Not Acceptable): 10680 QUAIL RIDGE DRIVE
Suite, Apt. #, Etc.:
City: ST. AUGUSTINE State: FL Zip Code: 32095

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: Steve Cardo / Date: 3-2-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRES	STEVE CARDO	10680 QUAIL RIDGE DR ~~ST AUGUSTINE, FL 32095~~	ST. AUGUSTINE, FL 32095
			LS

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: Steve Cardo / STEVE CARDO, JR 3-2-01 904-910-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #