

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000031788

1. Corporation Name

MILLENNIUM INFORMATION SYSTEMS CONSULTANTS, INC.

Principal Place of Business

10680 QUAIL RIDGE  
ST. AUGUSTINE FL 32095

Mailing Address

P.O. BOX 550602  
JACKSONVILLE FL 32255

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

2. New Principal Office Address, If Applicable

14554 Cardington Ct

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- City & State

Jacksonville FL

City & State

Zip 32258

Country Duval

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1997

5. FEI Number

59-3441986

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARDO, STEVE	10680 QUAIL RIDGE DRIVE	ST. AUGUSTINE FL 32095
		14554 Cardington Ct	Jacksonville FL 32258

200024022102  
10/22/03-01062--013 \*\*758.75

03/10/03

8. Name and Address of Current Registered Agent

CARDO, STEVE JR  
10680 QUAIL RIDGE DRIVE  
ST. AUGUSTINE FL 32095

9. Name and Address of New Registered Agent

Name Cardo, Steve Jr  
Street Address (P.O. Box Number is Not Acceptable)  
14554 Cardington Ct  
Suite, Apt. #, Etc.

City Jacksonville

State FL Zip Code 32258

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. or 617.0505, F.S.

Signature of  
Registered Agent

Steve Cardo Jr

REGISTERED AGENT MUST SIGN

Date 10/20/03

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)(l), 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 Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

904 910 2452

Date

Daytime Phone #