

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

Mailing Address

~~10680 QUAIL RIDGE~~
~~ST. AUGUSTINE FL 32095~~

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

3. New Mailing Office Address, If Applicable

14554 Cardington Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

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

10/20/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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)(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 Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

904 910 2452

Daytime Phone #

CR20040 (7/03)