PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The second secon		
CORPORATION FLOR	RIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 07 FEB 19 PM 4: 06
DOCUMENT # <i>P910000 36 153</i>		EGRETARY OF STATE ELLAHASSEE, FLORIDA
1. Corporation Name		-1. / LOMBA
Millennium Dynamics, Inc.		400088903174 02/21/0701028018 **1200.00
2. Principal Office Address - No P.O. Box # / 3. Mailing Office Address /		REINSTATEMENT
11949 Brady Kon 119	149 BraduRd	CR2E081 (1/07)
	Apt. #, etc.	01/2E001 (1/07)
		4. Date incorporated or Qualified To Do Business in Florida
City & State City & City	1 11 / 1	5. FEI Number Applied For
Jacksonville, F/ Jac Zip Country Zip	cKsonville, F/-	59-3505563 Not Applicable
32223 USA 32	223 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current		
James H. McGauley		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
1744 17 189 /Cd . Suite, Apt. #. Etc.		are certifying the prior notices were not
₽		received and requesting the reinstatement fee be waived.
City Jack Sonville State Zip Code FL 32223		
8. I, being appointed the resistered 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 Famas H. M. Maulus Date 2/15/07		
REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Hes. Sikes, William J., Sr. Dir. 1847 Greenwood AVR	1847 Greenwood A	IVe. Jacksoniille Fl. 32205
VPD Magauley, James H.	11949 Brady Rd.	Jacksonville, Fl. 32223
	4909 NW 215+4	-, · · · · · · · · · · · · · · · · · · ·
VPD Ara Manu Kian	4404 NW 7/2. P	1. Gaines Ville, Fl. 32653
SD Lloyd S. Manukian	4888 Trevi Dr.	Jack Sonville, Fl 32257
TD Sikes, Sidney M.	1847 Green wood Al	10 Jacksonville, Fl
D Wyman Richardson	III Jolano Rd	Ponte Vedra Beach, Fl 32082
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 filling 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 contained in Chapter 119, 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: Som Soft Mc Lewlay James H.Mc Gauley 2/15/07 904268-1502		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #		

De 2/19