


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **197 06639842**

1. Corporation Name **Millenium National Events, Inc.**

Principal Place of Business	Mailing Address
<b>6875 N.W. 15 Street</b> <b>Plantation, FL 33313</b>	

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

2. New Principal Office Address, If Applicable <b>5302 Sapphire Valley</b>	3. New Mailing Office Address, If Applicable <b>5302 Sapphire Valley</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33486</b> Country <b>USA</b>	Zip <b>33486</b> Country <b>USA</b>

**FILED**  
**03 OCT 13 AM 9:17**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**900024257689**  
 10/29/03--01067--009 \*\*700.00  
**900024257689**  
 10/29/03--01067--008 \*\*50.00

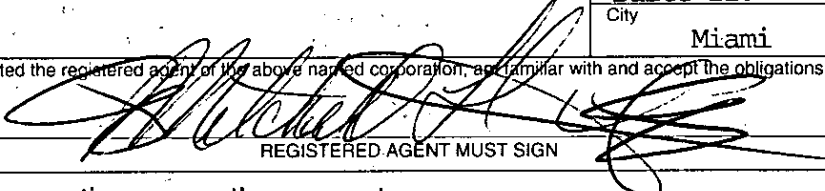
4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number <b>650814890</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	Mitchell Steinberg	5302 Sapphire Valley	Boca Raton, FL 33486
P	Robert McAllister	5266 N.W. 114 Avenue, #303	Miami, FL 33178

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mitchell Steinberg	Name <b>Eric P. Littman</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>7695 S.W. 104 Street</b>
	Suite, Apt. #, Etc. <b>Suite 210</b>
	City <b>Miami</b> State <b>FL</b> Zip Code <b>33156</b>

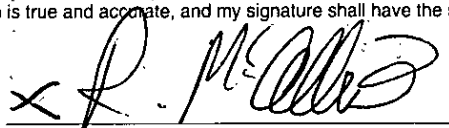
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **10/7/03**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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:  **10/8/03** **954-584 3443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)