PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEMI			S	DEPART Secretary	of S		- 11	IL II PH I: I' ÄHÄSSEE, FLOR	7 TE NDA	
DOCUMENT # P97000062991  1. Corporation Name								TALL	AHASSEE, 1 Lo		
MILLENIUM MANAGEMENT, INC.											
2. Principal		[	3. Mailing Office Address								
1717 N. BAYSHORE DRIVE				1717 N. BAYSHORE DRIVE				CR2E081 (12/07)			
Suite, Apt. #, etc. SUITE 105				Suite, Apt. #, etc. SUITE 105			4. Date Incorporated or Qualified				
City & State				City & State				To Do Business in Florida 07/21/1997			
MIAMI FL				MIAMI FL				5. FEI Numbe	r	✓ Applied For Not Applicable	
Zip	Country		Zip		Count		6.	CERTIFICATE OF STATUS DESIDER			
33132	3132 USA		33132		USA		CERTIFICATE	for a Certificate of Sta			
7. Name and Address of Current Registered Agent								<b>┦</b>			
Name AMAURY MARTINEZ									▼ The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DRIVE							the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Suite, Apt. #, Etc. SUITE 105											
City MIAMI					State Zip Code FL 33132			lee be	waiveu.		
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  REGISTERED AGENT MUST SIGN  Date											
9. Names	and Street Ar	ddresses	s of Each Officer an	1/or Director (Flo	rida nonpro	ofit corpo	orations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo			h	City /	/ State / Zip	
D	AMAURY C MARTINEZ 1717 to						YSHORE DR,	SUITE 1 <u>0</u> 5_	MIAMI FL 33132	2	
				07/21			07/7167	18-10103700	<b>/188</b> 4 **1350.00		
			-	3H							
				40 8							
	J	RE	INST	ATEN	ИEI	IV					
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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 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:    T-10-2008   Daytime Phone #											
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