

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074600

1. Corporation Name

MILLENNIUM INTEGRATED SERVICES 2000, INC.

Principal Place of Business

1401 MIDDLE GOLF DRIVE
SANIBEL FL 33957

Mailing Address

1401 MIDDLE GOLF DRIVE
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

12671 Whitehall Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12671 Whitehall Dr
Suite, Apt. #, etc.

City & State

Ft. Myers FLA
Zip 33907 Country Lee

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Zip 33907 Country Lee

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1997

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	MICHAEL M. BAHN	1401 MIDDLE GOLF DR	SANIBEL, FLA 33957
PRES	MARY C. BAHN	1401 MIDDLE GOLF DR	SANIBEL, FLA 33957

REINSTATEMENT

9. Name and Address of New Registered Agent

Name TERRY LILRS
Street Address (P.O. Box Number is Not Acceptable)
12671 Whitehall Dr.
Suite, Apt. #, etc.

City Ft. Myers

State Zip Code
FL 33907

8. Name and Address of Current Registered Agent

BAHN, MARY
1401 MIDDLE GOLF DRIVE
SANIBEL FL 33957

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

Terry A. Lilrs
REGISTERED AGENT MUST SIGN

Date 1/26/99

11. This corporation owes or has paid 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:

Mary C. Bahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 1-800-860-3377
Date Daytime Phone #

FILED

99 JAN 29 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E045 (9/98)