

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 20 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074600

**1. Corporation Name**

Millennium Integrated Services 2000, Inc.

000012869700  
02/20/03--01043--019 \*\*458.75

**2. Principal Office Address**

5075 Joewood Drive

Suite, Apt. #, etc.

City & State

Sanibel, Florida

Zip

33957

Country

USA

**3. Mailing Office Address**

22450 Park Street

Suite, Apt. #, etc.

City & State

Dearborn, Michigan

Zip

48124

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 27, 1997

**5. FEI Number**

65-0892202

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mary C. Bahn

Street Address (P.O. Box Number is Not Acceptable)

5075 Joewood Drive

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

**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

*Mary Bahn*  
REGISTERED AGENT MUST SIGN

Date 2/19/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Michael M. Bahn	5075 Joewood Drive	Sanibel, FL 33957
P	Mary C. Bahn	5075 Joewood Drive	Sanibel, FL 33957

**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 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 Bahn* Mary Bahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

Date

Daytime Phone #

313-  
563-5454 x108