

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 4:33

DOCUMENT # P97000077093

1. Corporation Name

MILLENNIUM COMMUNITIES, INC.

Principal Place of Business

Mailing Address

~~5705 GRANDE RESERVE WAY~~
~~#102~~
NAPLES FL 34110
US

~~5705 GRANDE RESERVE WAY~~
~~#102~~
NAPLES FL 34110
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~2338 IMMOKALEE RD.~~ Suite 142

~~2338 IMMOKALEE RD.~~ Suite 142

City & State

City & State

5. FEI Number

65-0789353

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STEWART, TERRI	5705 GRAND RESERVE WAY #102 2338 IMMOKALEE RD. #142	NAPLES FL 34110
PVST	STEWART, TERRI	5705 GRAND RESERVE WAY #102 2338 IMMOKALEE RD. #142	NAPLES FL 34110

000003505810--6
-12/19/00--01057--007
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, TERRI J

~~5705 GRANDE RESERVE WAY~~

~~UNIT 102~~

NAPLES FL 34110

Name

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

~~2338 IMMOKALEE RD.~~ #142

Suite, Apt. #, Etc.

City

NAPLES

State

Zip Code

FL

34110

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/15/00 AD

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00
Date

(941) 572-3469
Daytime Phone #

CR2040 (8/00)