

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

99 NOV 10 PM 2:35

DOCUMENT # **P97000084264**

1. Corporation Name

**MILLENIUM SECURITY SERVICES, INC.**

Principal Place of Business

~~140 HOLIDAY CT.~~  
~~WEST PALM BEACH FL 33415~~

Mailing Address

~~140 HOLIDAY CT.~~  
~~WEST PALM BEACH FL 33415~~

**REINSTATEMENT 99**

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

2. New Principal Office Address, If Applicable

**1146A Summit Trails Cir.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1146A Summit Trails Cir.**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/29/1997**

5. FEI Number

**65-0832548**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCHUMANN, ROBERT S	10420 NW 19TH PLACE	PEMBROKE PINES FL 33026
<del>VP</del>	<del>OLIVER, JIMMY E</del>	<del>1446 HOLIDAY CT</del>	<del>WEST PALM BEACH FL 33415</del>
<del>CFO</del>	<del>MAWRELL, NANCY</del>	<del>1635 MANOR AVE</del>	<del>WEST PALM BEACH FL 33411</del>
VP/T	Giordano, Richard	1146A Summit Trails Cir.	West Palm Beach, FL 33415
D/S	Hurley, Charles E.	166 Dove Cir.	Royal Palm Beach, FL 33411

8. Name and Address of Current Registered Agent

SCHUMANN, ROBERT  
1146A SUMMIT TRAILS CIR  
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

**900003053209--8**

Suite, Apt. #, Etc.

**-11/23/93--01058--023**

City

**\*\*\*750.00**

State

Zip Code

**FL**

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

**Robert Schumann**

*Robert Schumann*  
REGISTERED AGENT MUST SIGN

Date **10/18/99**

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: **Charles E. Hurley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/99**  
Date

**AD**  
**561-712-0019**  
Daytime Phone #