

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 # **P97000094852**

1. Corporation Name

NEW MILLENNIUM PARKING, INC.

Principal Place of Business

**523 WESTPORT DR.
LONGWOOD FL 32750**

Mailing Address

**523 WESTPORT DR.
LONGWOOD FL 32750**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
99 MAR 15 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *ab 99 3/15/99*

4. Date Incorporated or Qualified To Do Business in Florida **11/03/1997**

5. FEI Number **59-3562124** ☒ 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
D	FLEWELLYN, THOMAS	1754 MARKHAM GLEN CIR.	LONGWOOD FL 32779
D	TERRELL, KEITH E	934 WOODBOURNE DR.	ATLANTA GA 30310
D	SIMPSON, JOHN R	523 WESTPORT DR.	LONGWOOD FL 32750
D	BURNS, RONNIE V SR.	4100 TOURO ST., STE. 200	NEW ORLEANS LA 70122

8. Name and Address of Current Registered Agent

**FLEWELLYN, THOMAS
523 WESTPORT DR.
LONGWOOD FL 32750**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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

Thomas Flewellyn
REGISTERED AGENT MUST SIGN

Date **3-12-99**

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:

John R. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 (407) 332-8686
Date Daytime Phone #

CR2E040 (9/98)