

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096357

1. Corporation Name

MILLENNIUM IMPORT AND EXPORT, INC.

Principal Place of Business

Mailing Address

~~12860 S.W. 188TH STREET~~
~~MIAMI FL 33177~~

12860 S.W. 188TH STREET
MIAMI FL 33177



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

2. New Principal Office Address, If Applicable

2215 NW 14th Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2215 NW 14th Street

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33125

Country

Dade

Zip

33125

Country

Dade

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1997

5. FEI Number

65-0803693

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
PTD	BULLARD, DONALD F SR.	12860 S.W. 188TH STREET	MIAMI FL 33177
SD	ROLLE, TASHA B	12860 S.W. 188TH STREET	MIAMI FL 33177
T	MITZI, STUART A	3213 DOLPHIN DR.	MIRAMAR FL 33025
D	LEATHERS, SUSLIN	101 NW 30th Ave 11293 W ATLANTIC BLVD #304	Pompano Beach, FL 33069 CORAL SPRINGS, FL 33071
			800003811058--3 -03/07/01--01109--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

--STUART MITZI A--
3213 DOLPHIN DR.
MIRAMAR FL 33177

9. Name and Address of New Registered Agent

Name

LEATHERS, SUSLIN

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

101 NW 30th Avenue
~~11293 W. ATLANTIC BLVD # 304~~

Suite, Apt. #, Etc.

304

City

Pompano Beach

State

FL

Zip Code

33069

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

Suslin Leathers
REGISTERED AGENT MUST SIGN

Date

02-01-01

LS

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.

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-03/07/01--01109--004

****758.75 ****758.75

SIGNATURE:

Donald Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(3) (8/00)