

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 16 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033842

1. Corporation Name

MILLENNIUM WOODWORKING ENTERPRISES, INC.

400055335634
05/25/05--01059--001 **1500.00

2. Principal Office Address

5634 SW 25th STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33023

Country

USA

3. Mailing Office Address

5634 SW 25th STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33023

Country

USA

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

04/14/1998

5. FEI Number

65-0827135

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

VINICIO FROMETA

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

7251 ARTHUR STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Vinicio Frometa
REGISTERED AGENT MUST SIGN

Date 05/13/2005

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
P/T/S	VINICIO FROMETA	7251 ARTHUR STREET	HOLLYWOOD, FL 33024

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

Vinicio Frometa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vinicio Frometa

05/13/2005

Date

954-983-1663

Daytime Phone #

CR2E081 (01/05)