

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -2 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000051552

1. Corporation Name
**MILLENNIUM FINANCIAL SERVICES
INTERNATIONAL INCORPORATED**

700004669447--0

-11/06/01--01076--013

****750.00 ****750.00

2. Principal Office Address

10390 USA Today way
Suite, Apt. #, etc.

3. Mailing Office Address

10390 USA Today way
Suite, Apt. #, etc.

REINSTATEMENT

2001

City & State

MIRAMAR, Florida

Zip Country
33025 USA

City & State

MIRAMAR, Florida

Zip Country
33025 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5 June 98

5. FEI Number

52-2144569

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

Julius JACKSON JR.

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

1832 N.W. 193 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33056

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 **Julius V. Jackson Jr.**
Julius V. Jackson Jr.
REGISTERED AGENT MUST SIGN

Date **1 NOV 01**

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
CP	Julius Jackson SR.	10390 USA Today way	MIRAMAR, FL 33025
VP	Julius V. Jackson JR.	1832 NW 193 St.	Miami, FL 33056

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

Julius Jackson SR. **Julius Jackson SR.** **1 NOV 01** **404-392-7891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #