

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED


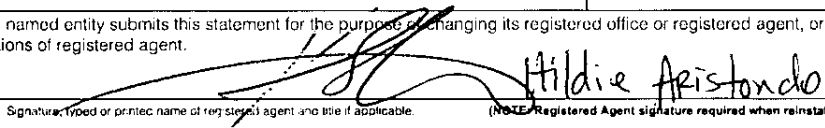
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-26-07



REINSTATEMENT

DOCUMENT # P98000061761					
1. Entity Name MILLENNIUM INTERNATIONAL INVESTMENTS INC.					
Principal Place of Business 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0861592	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent TRANSGLOBAL CORP. ADMINISTRATION, LLC 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 12/21/07. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHACIN, LUIS T 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700112998837 12/10/07--01052--016 **750.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE CHACIN, MARIA 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority to be empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 12/06/07 305-374-3800 Daytime Phone #		