

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 12 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095780

1. Corporation Name

New Millenium Marketing Group Inc.

2. Principal Office Address

16824 79ct N Loxahatchee
FL 33470

3. Mailing Office Address

16824 79ct N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee Florida

City & State

Loxahatchee, Florida

Zip

Country

33470

Zip

Country

33470

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0909636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
Active

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LABOSSIERE, Jacques

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

16824 79ct North

Suite, Apt. #, Etc.

400007833044-2

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****900.00 ****900.00

City

Loxahatchee Florida

State

FL

Zip Code

33470

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

REGISTERED AGENT MUST SIGN

Date 09/04/02

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
DF	LABOSSIERE, Ketty	16824 79ct N.	Loxahatchee, FL 33470

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/02 (56) 793-6265
Date Daytime Phone #

CR2E081 (9/01)