

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000097741**

1. Corporation Name

MILLENNIUM OIL, INC.

Principal Place of Business

**314 ALEXANDRA WOODS DR.
DEBARY FL 32713**

Mailing Address

**314 ALEXANDRA WOODS DR.
DEBARY FL 32713**



REINSTATEMENT **02**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3553270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVP	WAHEED, AAMIR	314 ALEXANDRA WOODS DR.	DEBARY FL 32713
DP	ROKH, SHAWN C	14433 MANDOLIN DR.	ORLANDO FL 32837
SD	WAHEED, TARIQ	314 ALEXANDRA WOODS DR.	DEBARY FL 32713

PA 12/5

000009317330
12/03/02--01044--008 **750.00

8. Name and Address of Current Registered Agent

**WAHEED, AAMIR
314 ALEXANDRA WOODS DR.
DEBARY FL 32713**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/25/02**

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.

SIGNATURE:

SIGNATURE REQUIRED
WAHEED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02

Daytime Phone #

407-810-7660

CR2E040 (8/02)