

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000098130

1. Corporation Name

NEW MILLENNIUM SALES, INC.

99 OCT 22 AM 11:35

Principal Place of Business

Mailing Address

334 FAIRWAY POINT CIRCLE
ORLANDO FL 32828

334 FAIRWAY POINT CIRCLE
ORLANDO FL 32828



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

Suite, Apt. #, etc. 5448 HOFFMAN AVE

Suite, Apt. #, etc. 5448 HOFFMAN AVE

City & State #405

City & State #405

Orlando FL

Orlando FL

Zip 32812

Country ORANGE

Zip 32812

Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1998

5. FEI Number

59-3543529

Applied For

Not Applicable

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
D	BONIFAY, CLINT	334 FAIRWAY POINT CIRCLE	ORLANDO FL 32828
D	MIMNAUGH, TOM	1812 SANDY RIDGE CIRCLE	HOOVER AL 35244
			300003033143--0 -11/02/99--01101--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

FORSTER, GARY A ESQ.
LAW FIRM OF POHL & SHORT, P.A.
280 WEST CANTON AVENUE - #410
WINTER PARK FL 32678

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99 (107) 322-1890
Date Daytime Phone #

To: Florida Department of State 10-20-99

Our Corp Address changed on
Feb 1st 1999. This is the first
notice we have received therefore
I am just paying the normal
Amount. Any questions please call
me @ 407-322-1890

Thanks
Clint Barley