

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 NOV -4 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042349

1. Corporation Name

MILLENNIUM DOLLAR STORE, INC.

Principal Place of Business

613 WATERSIDE DR.  
LANTANA FL 33462

Mailing Address

613 WATERSIDE DR.  
LANTANA FL 33462

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/1999

5. FEI Number

65-0922739

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)

Title(s)  
1

Name of Officers  
and/or Directors  
2

Street Address of Each  
Officer and/or Director  
3

City / State / Zip  
4

P

MOHAMMED, UDDIN

613 WATERSIDE DR

LAKE WORTH FL 33462

200008792112  
11/04/02--01107--022 \*\*150.00

8. Name and Address of Current Registered Agent

UDDIN, MOHAMMED  
613 WATERSIDE DR.  
LANTANA FL 33462

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]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-30-02

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

October 29, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom it May Concern,

Enclose find the Application for reinstatement for Millennium Dollar Store, Inc. The fee is alson enclosed.

Please waive the reinstatement fee as I did not receive any prior notices.

Sincerely,

A handwritten signature in dark ink, appearing to read "Md. Ashra Uddin".

Mohammed Uddin  
President