

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048825

1. Corporation Name

MILLENNIUM PRODUCTS, INC.
10092 CANOE BROOK CIRCLE
BOCA RATON, FL 33498

2. Principal Office Address

10092 CANOE BROOK CIR
Suite, Apt. #, etc.

3. Mailing Office Address

10092 CANOE BROOK CIR
Suite, Apt. #, etc.

REINSTATEMENT 01-05
CR2E081 (8/05)

02/22/01/90126/019 \$150.00

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33498

Country

USA

Zip

FL 33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/1999

5. FEI Number

52-2069352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHAIM MOHAR

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

10092 CANOE BROOK CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

X

Date 11-11-2005

REGISTERED AGENT MUST SIGN

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
P/S	CHAIM MOHAR	10092 CANOE BROOK CIR BOCA RATON, FL 33498	BOCA RATON, FL 33498

300061687583
11/28/05--01003--011 **\$600.00

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:

X

CHAIM MOHAR

X 11.11.2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH Y. LEUNG, P.A.
CERTIFIED PUBLIC ACCOUNTANT
18999 Biscayne Blvd, Suite 205
Aventura, FL 33180
(305) 933-9515 Fax: (305) 933-1340

November 11, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Millennium Products, Inc.
Document #: P99000048825

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement for Millennium Products, Inc. and a check of \$600.00 for the reinstatement fee. This is the amount of fee instructed by your department via telephone conversation on November 10, 2005.

My client did not receive the annual report from the post office and that caused the non-filing. Also, the address on your file was not a correct address.

Please reinstate the corporation as soon as possible. Should you have any questions, please contact the undersigned.

Thank you for your cooperation.

Sincerely,



Joseph Y. Leung
Certified Public Accountant