

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 25 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058743

1. Corporation Name

NEW MILLENNIUM REALTY CORP

2. Principal Office Address

8136 CENTRALIA COURT

3. Mailing Office Address

8136 CENTRALIA COURT

Suite, Apt. #, etc.

SUITE # 3

Suite, Apt. #, etc.

SUITE #3

City & State

LEESBURG, FLORIDA

City & State

LEESBURG, FLORIDA

Zip

34788

Country

USA

Zip

34788

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/29/99

5. FEI Number

59=3587377

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

NICHOLAS TAWIL

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

8136 CENTRALIA COURT

Suite, Apt. #, Etc.

SUITE #3

City

LEESBURG

State
FL

Zip Code
34788

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

8/21/03

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
PRES.	NICHOLAS TAWIL	8136 CENTRALIA COURT	LEESBURG, FL 34788
VP	STEVEN NERAD	18 N EUSTIS STREET	EUSTIS, FL 32727
TREAS	MICHAEL AMARU	3042 LAKE SAXON DRIVE	LAND OF LAKES, FL 34639

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

Date

Daytime Phone #

8/21/03 352-365-0300

8/26

CR2E081 (10/02)