

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Matthew J. Lewis  
Secretary of State  
DIVISION OF CORPORATIONS

08192

FILED

00 OCT 19 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078913

1. Corporation Name

THIRD MILLENNIUM ENTERTAINMENT, INC.

Principal Place of Business

13 HUDSON AVE  
OCEAN RIDGE FL 33435

Mailing Address

13 HUDSON AVE  
OCEAN RIDGE FL 33435



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

09/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-095 8918

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
PSD	O'DALY, LAWRENCE P	13 HUDSON AVE	OCEAN RIDGE FL 33435
			SP

8. Name and Address of Current Registered Agent

WILLITS, RYAN E ESQ  
299 CAMINO GARDENS BLVD, SUITE 204  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

LAWRENCE P. O'DALY

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

13 HUDSON AVE

Suite, Apt. #, Etc.

City

OCEAN RIDGE

State

FL

Zip Code

33435

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/13/00

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  
LAWRENCE P. O'DALY

10/13/00

Date

561-7401120

Daytime Phone #

CR2040 (8/00)

Pg 292

LAWRENCE P. O'DALY  
13 HUDSON STREET  
OCEAN RIDGE, FL. 33435  
TEL: 561-740-1120  
FAX: 561-740-1159

October 16, 2000

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

Re: Notice of Administrative Dissolution  
DOC#P9900D078913

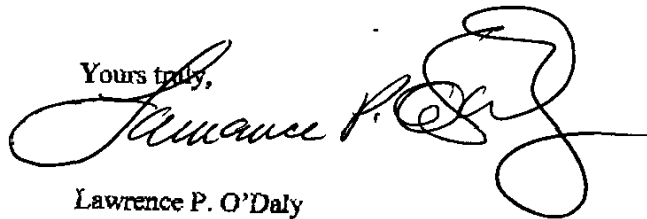
Dear Sir or Madam:

I am returning herewith a copy of your Notice of Dissolution, Application for Reinstatement, Certificate of Administrative Revocation and a copy of the front and back of Check #22 dated July 6, 2000 in the amount of (\$558.75) five hundred and fifty eight and seventy five cents.

You will note that the endorsement date on the back of this check is July 12, 2000, well within the required time period for the filing of and payment for the Florida State Annual Uniform Business Reports.

Please confirm to me in writing that your department has corrected its error in this matter and reinstate the above-described corporation.

Yours truly,



Lawrence P. O'Daly

Att: 4 pages