

DO NOT REMOVE!

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LEON D. GOLDSMITH CERTIFIED PUBLIC ACCOUNTANT

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November 9, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Reinstatement of SLS Millenium, Inc.

Dear Sir/Madam:

It has recently come to our attention that SLS Millenium, Inc. has been administratively dissolved by the Division of Corporations for failure to file its Uniform Business Report for 2001 (see attached printout from Division of Corporations Public Inquiry). After careful review of our records, we have determined that the Uniform Business Report form was never received by us. This was confirmed by teleconference with one of your representatives, who indicated that the form was returned by the Post Office.

It appears from the attached inquiry that the address recorded in your system is incorrect. The registered agent's name was used as the street name. Because the form was never received, SLS Millenium, Inc. respectfully requests that the penalties for late filing be waived. Per the instructions of the Division of Corporations representative, we have completed and enclosed the applicable form for Corporation Reinstatement and have also enclosed the original fee of \$150.00. Please make the necessary corrections to your records.

Thank you for your time and attention to this matter. If you have any questions, please do not hesitate to contact me at (941) 278-3586.

Very truly yours,

Leon D. Goldsmith, CPA

Encl.

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Form **88-4** **Application for Employer Identification Number**
 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
 Date: February 1999
 Department of the Treasury
 Internal Revenue Service

1 Name of applicant (legal name) (see instructions)
Lorenz Jaentschi

2 Trade name of business (if different from name on line 1)
SS Millennium Incorporated

3 Executive, trustee, partner, or owner name
St. Buerli Paris

4a Mailing address (street address, room, apt., or suite no.)
411 Cape Coral Pkwy E

4b City, state, and ZIP code
Cape Coral, FL 33904

5a Business address (if different from address on lines 4a and 4b)
1320 SE 31st Street

5b City, state, and ZIP code
Cape Coral, FL 33904

6 County and state where principal business is located
Lee County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—EIN or ITIN may be required (see instructions)
Lorenz Jaentschi **413-28-8710**

8a Type of entity (Check only one box.) (see instructions)
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other corporation (specify) ▶	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other (specify) ▶ Florida Corporation for profit	(Enter SSN if applicable)		

9a If a corporation, name the state or foreign country (If applicable) where incorporated
Florida

9b Reason for applying (Check only one box.) (see instructions)
☒ Started new business (specify type) ▶ **Vacation Rental**
☐ Hired employees (Check the box and see line 12)
☐ Created a pension plan (specify type) ▶
☐ Banking purpose (specify purpose) ▶
☐ Changed type of organization (specify new type) ▶
☐ Purchased going business
☐ Created a trust (specify type) ▶
☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
December

11 Closing month of accounting year (see instructions)
December

12 First date wages or services were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
December

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)
0

14 Principal activity (see instructions)
Seasonal Vacation Rentals

15 Is the principal business activity manufacturing?
 If "Yes," principal product and raw material used ▶
☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box:
☐ Retail ☒ Other (specify) ▶ **Individuals** ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?
 Note: If "Yes," please complete lines 17b and 17c.
☐ Yes ☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
 Legal name ▶
 Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year): City and state where filed:
 Previous EIN:

Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **Lorenz Jaentschi**

Signature ▶ **[Signature]**

Date ▶ **09.18.2001**

Notes: Do not write below this line. For official use only.

Please leave blank ▶	Doc.	Enc.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.