

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000087221

1. Corporation Name

MILLENNIUM MANAGEMENT OF NORTH FLORIDA, INC.

Principal Place of Business

C/O ROBERT H. FRAZIER, III  
POST OFFICE BOX 141884  
GAINESVILLE FL 32614

Mailing Address

C/O ROBERT H. FRAZIER, III  
POST OFFICE BOX 141884  
GAINESVILLE FL 32614

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

2. New Principal Office Address, If Applicable

3324 W. University Ave

Suite, Apt. #, etc.

Suite 295

City & State

Gainesville FL

Zip

32607

Country

USA

3. New Mailing Office Address, If Applicable

3324 W. University Ave

Suite, Apt. #, etc.

Suite 295

City & State

Gainesville FL

Zip

32607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1999

5. FEI Number

59-3601871

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4         |
|---------------|---|--|---------------------------------|
| <del>D</del>  | <del>FRAZIER, ROBERT H III</del>          | <del>POST OFFICE BOX 141884</del>                      | <del>GAINESVILLE FL 32614</del> |
| D             | Frazier, Robert H III                     | 3324 W. University Ave Ste 295                         | Gainesville FL 32607            |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |

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\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

FRAZIER, ROBERT H III  
7204 N.W. 41ST LANE  
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

Robert H Frazier III

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

~~Post Office Box~~ 3324 W Univ Ave

Suite, Apt. #, Etc.

Suite 295

City

Gainesville

State

FL

Zip Code

32607

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

REGISTERED AGENT MUST SIGN

Date 3/4/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/01

Daytime Phone #

352-213-6159

FILED

01 MAR -9 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

00-01

CR2E040 (8/00)