

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090819

1. Corporation Name

MILLENIUM SOFTWARE CONSULTANTS, INC.

Principal Place of Business

522 SOUTH FEDERAL HWY.
POMPANO BEACH FL 33062

Mailing Address

522 SOUTH FEDERAL HWY.
POMPANO BEACH FL 33062

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1999

5. FEI Number

65-0953939

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DRINKWATER, JONATHAN	522 SOUTH FEDERAL HWY.	POMPANO BEACH FL 33062
VPD	DRINKWATER, CHARLES	522 SOUTH FEDERAL HWY.	POMPANO BEACH FL 33062
			900003448099--7 -11/02/00--01009-011 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

DRINKWATER, JONATHAN
522 SOUTH FEDERAL HWY.
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Jonathan Drinkwater
REGISTERED AGENT MUST SIGN

Date

10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Drinkwater

10/12/00

Date

954-545-0602

Daytime Phone #

CR2E040 (8/00)

2

October 12, 2000

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

To Whom It May Concern:

SUBJECT:	Millenium Software Consultants, Inc.
FEIN:	65-0953939
DOCUMENT #:	P9900009819
FORM:	Application for Reinstatement

I am writing this letter to dispute charges made to the above mentioned. I have enclosed payment for the amount due (originally). Please be aware that this discrepancy arose due to external factors beyond my control. The failing health of the accountant made it impossible to accurately complete the tasks at hand, dually I was not notified of this until after the fact. We have, to the best of my knowledge, never received any such notice or forms until this appeared. We are also in the process of undertaking a move and a corporate restructuring. Presently I have a new accountant to ensure this does not arise in the future.

I ask that after review of this situation you amend your records accordingly and forgive the related penalty. Please also be assured that we have taken every measure to prevent future occurrences of this nature.

Thank you for your consideration.

Sincerely

Jonathan Drinkwater
MSC, INC