PLEASE READ ALL INSTRUCTIONS BEFORE COMP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 16 AM 8:36

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000092786

1. Corporation Name

MILLENIUM VENTURES INC. OF TAMPA

REINSTATEMENT 01-03

~~10/16/03--01036--009 **1058.75~~

900023853199
10/16/03--01036--009 **1058.75

2. Principal Office Address	3. Mailing Office Address
2601 Cedar View Drive	2601 Cedar View Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arlington, TX	City & State: Arlington, TX 76013
Zip: 76013 / Country: Tarrant	Zip: 76013 / Country: Tarrant

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1999

5. FEI Number: 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: Dijon Bellemare

Street Address (P.O. Box Number is Not Acceptable): 401 N.E. Mizner Blvd. T - 202

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33432

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: JBellm Date: 10/5/2003

REGISTERED AGENT MUST SIGN

CR2E084 (10/02)

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
P/T/S/	Hiren Kapasiawala	2601 Cedar View Drive	Arlington, TX 76013
D	Hiren Kapasiawala	2601 Cedar View Drive	Arlington, TX 76013

10. I certify that I am an officer or director of 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: Hiren Kapasiawala 9-30-03 (817)501-6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #