PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000101021

1. Corporation Name

MILLENNIUM AUTO SALES INC.

Principal	Place	of Business	

Mailing Address



TILLU TARY OF STATE TYPSION OF CORPORATIONS

01 NOV 15 PM 5:55

30 W. 21 STREET 30 W. 21 STR HIALEAH FL 33010 HIALEAH FL 3									
2. New Prin Suite, Apt. 4 City & State Zip	Country	3. New Maili Suite, Apt. #, City & State Zip	ng Office Adet.	Country		4. "Date lincorp To Do Busin 5. FEI Number 6. CERTIFICATE	65-0969081	Applied For Not Applicable Additional Fee required r a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and Name of Officers and/or Directors	/or Director (Flo	rida nonpro	fit corporations must Street Address Officer and/or	of Each	1	City / Stat	te / Zip	
PSTD			1	342 LAKE VIEW DR.			FT. LAUDERDALE FL 33326		
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·						11/1/5			
·						4			
•	8. Name and Address of Current	Registered Age	ent			9. Name and A	Address of New Registered A	gent	
				Name					
	PRO, ROBERTO			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	KE VIEW DR. #201			<u> </u>	· ·				
FT. LAUDERDALE FL 33326-1360		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 REGISTERED AGENT MUST SIGN 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 filling 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 a	pplication is true and accurate, and my si	ignature shall ha	ve the same	Robert	de under	el TOR	0		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR