

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 10 PM 4:01

DOCUMENT # *P99000101480*

1. Corporation Name

NEW millennium Electric, Corp.

2. Principal Office Address

2550 NW 12ND AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

Country

USA

Zip

Country

REINSTATEMENT *01-02*

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-99

5. FEI Number

65-0965454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ENRIQUE VENTURA, JR

900005598758--9

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

255 UNIVERSITY DR

-05/23/02--01009--011

*****908.75 ****908.75*

Suite, Apt. #, Etc.

CORAL GABLES

City

CORAL GABLES

State

FL

Zip Code

33134

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

Ej

REGISTERED AGENT MUST SIGN

Date

5/7/02

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
<i>PT</i>	<i>GARCIA, MANUEL E.</i>	<i>1300 NE MIAMI GARDEN DR</i>	<i>NORTH MIAMI, FL 33179</i>
<i>VPD</i>	<i>CANTASANO, JOSE</i>	<i>4748 NW 103CT</i>	<i>MIAMI, FL 33178</i>
<i>VPS</i>	<i>GARCIA, JOSE</i>	<i>4748 NW 103CT</i>	<i>MIAMI, FL 33178</i>

10. 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:

JOSE R. GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-07-02 305-718-8585

Date

Daytime Phone #

CR2E081 (9/01)