

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000101768

1. Corporation Name

MILLENNIUM INVESTMENTS OF SW-FLORIDA, CORP.

Principal Place of Business

879-B MIRAMAR STREET
CAPE CORAL FL 33904

Mailing Address

879-B MIRAMAR STREET
CAPE CORAL FL 33904

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

2. New Principal Office Address, If Applicable

3724 Del Prado Blvd.

3. New Mailing Office Address, If Applicable

3724 Del Prado Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1999

5. FEI Number

65-1045005

Applied For

Not Applicable

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

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
PTD	TUMM, JENS	879-B MIRAMAR STREET 5215 Tamiami Court	CAPE CORAL FL 33904
VSD	KAWALETZ, SUSANNE	879-B MIRAMAR STREET 3724 Del Prado Blvd.	CAPE CORAL FL 33904

400003454984--6
-11/07/00-01061-015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

DESBAILLET, ANETTE
879-B MIRAMAR STREET
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name
Jens Tumm
Street Address (P.O. Box Number is Not Acceptable)
3724 Del Prado Blvd.
Suite, Apt. #, Etc.
City
Cape Coral
State
FL
Zip Code
33904

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

SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date 10/16/00

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

Date 10/16/00
Daytime Phone #

KE

FILED
00 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)