

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V66523

1. Corporation Name

MILLENNIUM INDUSTRIES, INC.

Principal Place of Business

Mailing Address

~~0741 W. SUNRISE BLVD.~~

~~6741 W. SUNRISE BLVD.~~

~~SUITE 8~~

~~SUITE 8~~

~~PLANTATION FL 33313~~

~~PLANTATION FL 33313~~

~~US~~

~~US~~

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

2. New Principal Office Address, If Applicable

2180 WEST 1ST ST

3. New Mailing Office Address, If Applicable

2180 WEST 1ST ST

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1992

5. FEI Number

65-0353484

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
D	NELLIS, ROBERT W.	431 MILLER RD <u>2180 W. 1ST ST. SUITE 500</u>	SINKING SPRING PA <u>FT MYERS, FL 33901</u>
D	MUELLER, RICHARD H.	41260 NW 24 ST	PLANTATION FL
			200005026382--9 -02/28/02--01026--026 ****758.75 ****758.75
			200005026382--9 -02/28/02--01026--027 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUELLER, RICHARD H.

6741 W. SUNRISE BLVD

SUITE 8

PLANTATION FL 33313

Name

ROBERT NELLIS

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

2180 WEST 1ST STREET

Suite, Apt. #, Etc.

SUITE 500

City

FT MYERS

State

FL

Zip Code

33901

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

Robert Nellis
REGISTERED AGENT MUST SIGN

Date

10/24/01

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:

ROBERT NELLIS
Robert Nellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01 941-441-0700
Daytime Phone #

CR20040 (801)