

L0100018286
 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED.
 02 NOV 13 AM 10:29
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. DOCUMENT # L0100018286
 Name and Mailing Address

0000486 01 FY 0.352 **PR5RT T2 0 0010 92751-759453
 FUTUREEVENTS, LLC
 1325 LAKE SHADOW CIRCLE, SUITE 12-203
 MAITLAND FL 32751-7594

MJH



11/13 2002

2. New Mailing Address 180 Celebration Blvd. Suite 106 City, State, Zip Celebration, FL 34747		4. State/Country of Formation FL	
Principal Place of Business 1325 LAKE SHADOW CIRCLE, SUITE 12-203 MAITLAND FL 32751		5. Date Organization Qualified To Do Business in Florida 10/23/2001	
3. New Principal Place of Business Address 1180 Celebration Blvd. City, State, Zip Celebration, FL 34747 #100		6. FEI Number 59-3748353	Applied For Not Applicable
8. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee Required for a Certificate of Status	
9. Name and Address of New Registered Agent		NAME 800008959228 11/13/02--01028--005 **155.00	
		City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent [Signature] Date 11/7/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MORROW, JUSTIN	1325 LAKE SHADOW CIRCLE #12203	MAITLAND FL 32751
MGRM	GALANTI, AVI	66 ASTORAC STREET #1 744 CENTERVILLE DR.	SAN FRANCISCO CA 94147 CELEBRATION, FL 34747

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date Nov. 7, 2002 Daytime Phone # 407-875-8000
 Typed or printed name of signing Managing Member/Manager _____