

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P020000 10268**

1. Corporation Name
Futures and Technologies, Inc.

2. Principal Office Address
6962 Consolata Street

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
US

3. Mailing Office Address
6962 Consolata Street

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **January 23, 2002**

5. FEI Number
04-3592813

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
Michael Haspel

Street Address (P.O. Box Number is Not Acceptable)
6962 Consolata Street

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33433

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **04/20/2005**

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
D/S/T	Michael Haspel	6962 Consolata Street	Boca Raton, FL 33433
D/P	Paul Churchill Jr.	5950 Grass Valley Road	Reno, NV 89510

[Handwritten Signature]

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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:

[Handwritten Signature]

Michael Haspel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/05

Date

561-667-4574

Daytime Phone #

CR2E081 (01/05)