

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 30 AM 11:01

DOCUMENT # P04000079695

1. Corporation Name

4 FUTURE INVESTMENTS, CORP.

2. Principal Office Address - No P.O. Box #

2665 S. BAYSHORE DR.

3. Mailing Office Address

2665 S. BAYSHORE DR.

Suite, Apt. #, etc

STE 906

Suite, Apt. #, etc.

STE 906

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2004

5. FEI Number

20-1134167

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

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

2665 S. BAYSHORE DR.

Suite, Apt. #, Etc

STE 906

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date **08/24/10**

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
PD	JOSE ECHEGARAY	2665 S. BAYSHORE DR. STE 906	MIAMI, FL 33133
SD	PASCUAL RUGGIERO	2665 S. BAYSHORE DR. STE 906	MIAMI, FL 33133
VD	WILFREDO GOZZO	2665 S. BAYSHORE DR. STE 906	MIAMI, FL 33133
VD	JOAQUIN DA SILVA	2665 S. BAYSHORE DR. STE 906	MIAMI, FL 33133
	REINSTATEMENT		
	B 8/31/10		

10. E-mail Address: **JGURIAN@GURIANLAW.COM**

(To be used for future annual report notification)

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. I further certify, 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

Jose Echeagaray

8/24/2010

Date

305-279-4101

Daytime Phone #