

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

6

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 27 PM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **732067**

1. Corporation Name

Futura Villas Condo Association #2

**REINSTATEMENT 96-03**

2. Principal Office Address

14006 N.E. 2nd Court  
North Miami, Fla 33163

Suite, Apt. #, etc.

3. Mailing Office Address

14006 N.E. 2nd Ct  
North Miami, Fla 33163

Suite, Apt. #, etc.

City & State

North Miami-Fla

City & State

North Miami Fla

Zip

33163

Country

USA

Zip

33163

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/75

5. FEI Number

591651165

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

Ranford Thompson

000021766750

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

14006 N.E. 2nd Court

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33163

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/18/03

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
Pres	Ranford Thompson President	14006 N.E. 2nd Ct	North Miami, Fla 33163
V.P	Shirley Victor Vice President	14002 N.E. 2nd Ct	North Miami, Fla 33163
Sec	Betty Davis Secretary	14000 N.E. 2nd Court	North Miami, Fla 33163
Treas	Willie Brown Treasurer	14004 N.E. 2nd Court	North Miami, Fla 33163
	Ricky Cox		

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:

W. L. Brown or  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/03

Any one  
Willie Brown Treasurer

CR2E081 (1/0/02)