

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

DOCUMENT # F9800003200

1. Corporation Name

JAVOR FUTURES GROUP, INC.

2. Principal Office Address

6751 Royal Orchid Cir.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach, FL

Zip

33446

Country

Palm Beach

Zip

33446

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/1998

5. FEI Number

363983187

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

MARCY Faith JAVOR

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

6751 Royal Orchid Cir

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

Marcy Faith Javor

REGISTERED AGENT MUST SIGN

Date 11/15/01

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	MARCY F. JAVOR	6751 Royal Orchid Cir	Delray Beach FL
VPNS	MARCY F. JAVOR	"	" 33446
SEC	MARCY F. JAVOR	"	"
TRES	MARCY F. JAVOR	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCY Faith JAVOR

Date

11/15/01 561-637-6897

Daytime Phone #

CR2E001 (8/00)

Javor Futures Group, Inc

6751 Royal Orchid Cir.
Delray Beach, FL 33446
561-637-6897 Phone

November 16, 2001

Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I called in to your office today to let you know that I had not received my UBR form because I moved. My old address was 3594 S. Ocean Blvd. Highland Beach, FL 33487. I was told to send this form of Corporation Reinstatement, and a check for \$150.00. My new address, and Corporate Form, and the Check our included in this document. I was told to check back in two weeks to see if it was processed. Thank you for your time.

Sincerely,

Marcy F. Javor.
President