PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 DEC 10 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #~~F~~98000003200

1. Corporation Name
Javor FuturesGroup, Inc.

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
6751 Royal Orchid Circle	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State
Zip: 33446 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/98

5. FEI Number: 36-3983187 ☐ 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 F. Javor

300025391683
12/10/03--01064--004 **150.00

Street Address (P.O. Box Number is Not Acceptable): 6751 Royal Orchid Circle

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 _____ Date 12/4/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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 Circle	Delray Beach, FL 33446
Vice-Pre	Marcy F. Javor	6751 Royal Orchid Circle	Delray Beach, FL 33446
Sec.	Marcy F. Javor	6751 Royal Orchid Circle	Delray Beach, FL 33446
Tresurer	Marcy F. Javor	6751 Royal Orchid Circle	Delray Beach, FL 33446
Director	Marcy F. Javor	6751 Royal Orchid Circle	Delray Beach, FL 33446

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: _____ Marcy F. Javor 12/4/03 561/637-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #