

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

94-99AR

APPROVED AND FILED

1999 JUN 21 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **116059**

1. Corporation Name
FINANCIAL FUTURES MANAGEMENT CORP.

Principal Place of Business Mailing Address
c/o Thomas W. Deans, P.A.
FFMC
47 W. NEW HAVEN AVENUE, ST#200, MELBOURNE, FL

REINSTATEMENT 94-99e

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
c/o THOMAS W. DEANS
ST#200

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
c/o THOMAS W. DEANS
ST#200

City & State
MELBOURNE, FL 32901

City & State
47 W. NEW HAVEN AVE.

Zip Country
32901 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2716061

Applied For
 Applied For
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SPYRIDON ARMENIS	c/o Thomas W. Deans 47 W. NEW HAVEN AV., ST#200, MELBOURNE, FL 32901	MELBOURNE, FL 32901
TSD	SERGE SIMEONIDIS	363 12th street, ATLANTIC BEACH, FL 32233	ATLANTIC BEACH, FL 32233
			900002914819--5 -06/24/99--01092--013 ***1500.00 ***1500.00
			900002914819--5 -06/24/99--01092--014 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

THOMAS W. DEANS
47 W, NEW HAVEN AVE.
SUITE 200
MELBOURNE, FL 32901

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date **6-11-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **SPYRIDON ARMENIS, P.O. June 9, 1999**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone # **1-407-728-2311**

CR2E08T (12/98)

LAW OFFICES OF

THOMAS W. DEANS, P.A.

ATTORNEY and COUNSELOR at LAW

THOMAS W. DEANS

47 W. New Haven Avenue
Suite 200
Melbourne, Florida 32901
Telephone (407) 728-2311
Fax (407) 728-2196

June 18th, 1999

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

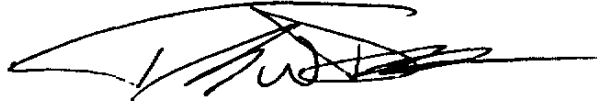
RE: *Financial Futures Management Corporation*

Dear Sirs:

Enclosed is the sum of \$1,500.00 for the reinstatement of *Financial Futures Management Corporation* together with an additional check in the amount of \$8.75 for a certificate of status.

Should you have any questions, please do not hesitate to contact this office. Your prompt attention to this matter is appreciated.

Very truly yours,



THOMAS W. DEANS

TWD:jaf
Encls.