

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
BANKING AND
CREDIT
DIVISION OF CORPORATIONS

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FL 32901

47 W. NEW HAVEN AVE.

Zip

Country

Zip

Country

32901

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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	
TSD	SERGE SIMEONIDIS	363 12th street, ATLANTIC	BEACH, FL 32233
			9000002914819--5 -06/24/99--01092--013 ***1500.00 ***1500.00
			9000002914819--5 -06/24/99--01092--014 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

6-11-99

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.D. June 9, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (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*

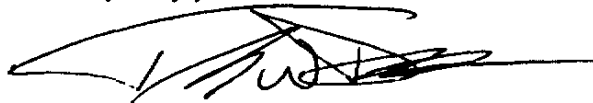
RE: Financial Futures Management Corporation

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,

A handwritten signature in black ink, appearing to read 'T. Deans', with a long horizontal flourish extending to the right.

THOMAS W. DEANS

*TWD:jaf
Encls.*