

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. McRham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -2 AM 7:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K 97269

1. Corporation Name

FUTURAMA MANUFACTURING INC.

Principal Place of Business

Mailing Address

168 S.E. First Street
PH 13
Miami, Florida 33131

REINSTATEMENT

96-97 AD

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

2. New Principal Office Address, If Applicable

n/a

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

n/a

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
6/22/89

5. FEI Number

23-08-45688182

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	ARNOLDO FORTUNY	168 S.E. 1st St., PH-13	Miami, Florida 33131
TD	EMELINA FORTUNY	168 S.E. 1st St., PH-13	Miami, Florida 33131
V	JUAN CARLOS FORTUNY	168 S.E. 1st St., PH-13	Miami, Florida 33131
S	ARNOLD FORTUNY JR.	168 S.E. 1st St., PH-13	Miami, Florida 33131
			800002131418--4 -04/02/97--01076--004 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

JUAN E. VALDES
4160 W. 16th Ave., Suite 402
Hialeah, Florida 33012

9. Name and Address of New Registered Agent

Name

n/a

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

n/a

REGISTERED AGENT MUST SIGN

Date

3-31-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN FORTUNY

Date

3/20/97 (305)377-0034

Daytime Phone #

CR2E046 (12/96)