PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY C	14 OCT 29 AM 9:36
DOCUMENT # LLOWW 37137 1. Limited Liability Company's Name	
Future Genius Academy LLC	
Principal Office Address - No P.O. Box # 3. Mailing Office Address	CR2E041 (1/14)
3531 NW 2nd Street SAME	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.	Florica United States 5. Date Organized or Qualified and 1, colored
City & State City & State	To Do Business in Florida (78 / 8 / 8 / 6 / 0
Landerhill FLorida FL	6. FEI Number Applied For Not Applicable
33311 USA 33311 USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number Is Not Acceptable) 35.31 NW 200 Street	400265956664 10/29/1401005002 **113.75
Suite, Apt. #, Etc. City State Zip Code	40 0265956664 10/29/1401001022 **238.75
Lauderhill FL FL 33311	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with an Signature of Registered Agent REGISTERED AGENT MUST SIGN	d accept the obligations of Chapter 605, F.S. Date 10 2 2 2014
10. Names and Street Addresses of Authorized Representatives/Managers	
Titles Name of Street Address of Eac Authorized Representatives/ Authorized Representatives/ Manager Manager Manager	ch City / State / Zip
inca Clarett it Fale is	2nd street Landerhill FL 3331
	<u>_</u>
OCT 2 4 201L	REINSTATEMENT
- 1 - 11 24 244	
M. WILLIAMS	
11. E-mail Address: <u>future Genius a Cadement Og mail</u> Com	
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608 F.S.); further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the pepartment of State constitutes a third degree felony as provided in s. 817.155, F.S.	
Authorized Representative/Manager # Authorized Representative/Manager # Authorized Representative/Manager # 45956613-15	
Typed or printed name of signing Authorized Representative/Manager	