

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -5 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MO8358

1. Corporation Name

Futures Consultants, Inc.

700128363947
05/05/08--01018--002 **1808.75

REINSTATEMENT
1997-2008

2. Principal Office Address - No P.O. Box #

2222 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2222 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/84

5. FEI Number

592796136

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

DILLON GRAHAM

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

2222 Ponce de Leon Blvd

Suite/Apt. #, Etc.

Suite 210

City

Coral Gables

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William Graham

REGISTERED AGENT MUST SIGN

Date

5/1/08

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
P	Dorothy M. Stein	2222 Ponce de Leon Blvd, Suite 210 Coral Gables, Florida 33134	
VP	Dillon Graham	2222 Ponce de Leon Blvd, Ste 210 Coral Gables, FL 33134	

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 contained in Chapter 119, 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:

William Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

305-445-9185

Daytime Phone #