


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 AUG 13 PM 1:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003172**

1. Corporation Name

AMERICA'S FUTURE, INC.

Principal Place of Business	Mailing Address
198 ARORA BLVD APT 1401 ORANGE PARK FL 32073 US	198 ARORA BLVD APT 1401 ORANGE PARK FL 32073 US
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	4. Date Incorporated or Qualified To Do Business in Florida
		06/23/1994
Suite, Apt. #, etc. 8166 Pilgrims Trace Dr North	Suite, Apt. #, etc. 8166 Pilgrims Trace Dr North	5. FEI Number
City & State Jacksonville Florida	City & State Jacksonville Florida	59-3337775
Zip 32244	Country Dural	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$9.75 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	4 City / State / Zip
D	BOYKINS, STEPHEN C	198 ARORA BLVD	ORANGE PARK FL 32073
D	JACOBS, LAURA	198 ARORA BLVD	ORANGE PARK FL 32073
T	PRINCE, CONSTANCE	198 ARORA BLVD	ORANGE PARK FL 32073
			500024982155 08/23/04--01057--006 **236.25
			500024982155 11/24/03--01097--003 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BOYKINS, STEVEN 198 ARORA BLVD APT 1401 ORANGE PARK FL 32073	Name: Stephen Boykins Street Address (P.O. Box Number is Not Acceptable): 8166 Pilgrims Trace Drive North Suite, Apt. #, Etc.: City: Jacksonville State: FL Zip Code: 32244

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. or 617.0505, F.S.

Signature of Registered Agent: *Stephen Boykins* Date: 11/21/03

REGISTERED AGENT MUST SIGN

11. 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: *Stephen Boykins* Date: 11/21/03 Daytime Phone #: 904)333-4315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (7/03)