

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **NA4000005170**

1. Corporation Name

**The Futures Group of South Florida  
Incorporated**

Principal Place of Business

Mailing Address

**1135 NW 88th St.  
Miami, Florida 33150**

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

2. New Principal Office Address, If Applicable

**1135 NW 88th St.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1135 NW 88th St.**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33150**

Country

**USA**

Zip

**33150**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Oct. 19, 1994**

5. FEI Number

**65-0575100**

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
D	Marie Estime'-Thompson	1273 NE 92nd St.	Miami Shores, FL 33168
D	Eugenia M. Russell	1135 NW 88th St.	Miami, FL 33150
C/D	Ruben T. Thompson	1273 NE 92nd St.	Miami Shores, FL 33168
D	Michael St. Patrick Russell	1135 NW 88th St.	Miami, FL 33150
D	Andre Estime'	17454 SW 79th Ct.	Miami, FL 33157

**REINSTATEMENT**

**91-98**

**9-28-98**

**6000002654796-2**  
**-10/02/98-01094-012**  
**\*\*\*\*297.50 \*\*\*\*297.50**

8. Name and Address of Current Registered Agent

**Ruben T. Thompson  
1273 NE 92nd St.  
Miami Shores, Florida 33168**

9. Name and Address of New Registered Agent

Name **Michael St. Patrick Russell**

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

**1135 NW 88th St.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33150**

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 **09/22/98**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
(Michael St. Patrick Russell)

**09/22/98**

Date

**(305) 693-2617**

Daytime Phone #

CR20040 (1/98)