

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 23 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005272

1. Corporation Name

NEW FUTURA CORPORATION #12

2. Principal Office Address

201 NE 141 ST

Suite, Apt. #, etc.

City & State

N.M.I.A

Zip

33161

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

33161

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/1997

5. FEI Number

65-0969900

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02-05

**7. Name and Address of Current Registered Agent**

Name

EDWARD MURRAY

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

201 NE 141 ST

Suite, Apt. #, Etc.

City

N.M.I.A

FL

State

FL

Zip Code

33161

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

Ed Murray

REGISTERED AGENT MUST SIGN

Date

5/11/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|-----------|--------------------------------------|---|----------------------------|
| <u>PM</u> | <u>MURRAY, EDWARD</u>                | <u>201 NE 141 ST</u>                              | <u>N.M.I.A FL 33161</u>    |
| <u>D</u>  | <u>Michelle RANKINE</u>              | <u>203 NE 141 ST</u>                              | <u>N.M.I.A FL 33161</u>    |
| <u>D</u>  | <u>NESE SMITH</u>                    | <u>9371 SOUTH HAMPTON PL</u>                      | <u>BOLARATON, FL 33434</u> |
| <u>D</u>  | <u>CYNTHIA SANDS</u>                 | <u>207 NE 141 ST</u>                              | <u>N.M.I.A FL 33161</u>    |
|           |                                      |   |                            |
|           |                                      |   |                            |

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 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:

Ed Murray ED MURRAY PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/05

Date

305-8393726

Daytime Phone #

5/12/05