

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 25 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007242

1. Corporation Name

FUTUREPOINT, INC.

Principal Place of Business

1217 SE 2ND STREET, SECOND FLOOR  
FT. LAUDERDALE FL 33301

Mailing Address

1217 SE 2ND STREET, SECOND FLOOR  
FT. LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1999

5. FEI Number

65-1011675

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTV	O'BRIEN, KEITH	1215 SE 2ND ST.	FT. LAUDERDALE FL 33301
D	O'BRIEN, KEITH	1215 SE 2ND ST.	FT. LAUDERDALE FL 33301
D	WOODSIDE, JACKIE	133 E. MAIN ST., #3	WESTBORO MA 01581
D	TACHNES, ALEXANDER I	100 SE 2ND ST., SUITE 3920	MIAMI FL 33131
D	Suzanne Scalzo	2317 SW 82nd Terrace	N. Lauderdale FL 33068
D	Jonathon Williams	7311 NW 35th St.	Lauderhill, FL 33309

8. Name and Address of Current Registered Agent

O'BRIEN, KEITH  
1215 SE 2ND ST.  
FT. LAUDERDALE FL 33301

100003483621--2  
12/01/00--01084--010

9. Name and Address of New Registered Agent

Name  
Keith O'Brien  
Street Address (P.O. Box Number is Not Acceptable)  
1217 SE 2nd St., 2nd Fl.  
Suite, Apt. #, Etc.  
Ft Lauderdale  
City  
State  
FL  
Zip Code  
33301

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/17/00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH O'BRIEN

Date

10/17/00

Daytime Phone #

(954) 522-7091

CR2EDAD (8/00)



2 of 2

October 17, 2000



Dear Sir or Madam:

Enclosed is my application for reinstatement of FuturePoint Inc. Upon talking with Sean at your office, he instructed me to write this letter acknowledging the fact that I have not received an annual report form, and thus have not filed one. I have been informed that this application, a check for \$61.25 and this letter is sufficient. Please contact me with any questions.

Sincerely,

Keith B. O'Brien  
Exec. Director

