

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -2 AM 11:22

DOCUMENT # P00000003024

1. Corporation Name

Futurista Real Estate Inc

2. Principal Office Address

8300 SW 8 Street

Suite, Apt. #, etc.

108

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

3850 SW 87 Ave

Suite, Apt. #, etc.

305

City & State

Miami, FL

Zip

33165

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

1/11/2000

5. FEI Number

65-0987162

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

MARTHA ARANGO

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

10755 NW 50 Street

Suite, Apt. #, Etc.

304

City

Miami

State

FL

Zip Code

33178

100004769321-2
-01/11/02--01048--005
****750.00 ****750.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12.28.01

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	MARTHA Arango	10755 NW 50 St.	Miami, FL 33178

[Handwritten Signature]
1/10/02

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.28.01

Daytime Phone #

CR2E081 (9/00)