

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000003378**

1. Corporation Name

Future International Marketing, Inc

2. Principal Office Address

8997 NW 169th St

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33018

Country

USA

3. Mailing Office Address

8997 NW 169th St

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33018

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-5-2000

5. FEI Number

00-0983652

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

Ed Marquez

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

8997 NW 169th St

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33018

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

[Signature]

Date

12-12-04

REGISTERED AGENT MUST SIGN

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-VP	Ed Marquez	8997 NW 169 th St	Hialeah, FL 33018
S-TR	Ed Marquez	8997 NW 169 th St	Hialeah, FL 33018

12/21/04--01049--008 **500.00

12/21/04--01049--009 **400.00

DR 2/16

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-12-04 (305) 821-0539

0539

CR2E081 (01/04)