

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012169

1. Corporation Name

FUTURE TOOL & DIE, CORP.

1910 W 56 STREET

1910 W 56 STREET

W04-44978

2. Principal Office Address

1910 W 56 STREET

3. Mailing Office Address

1910 W 56 STREET

Suite, Apt. #, etc.

3108

Suite, Apt. #, etc.

3108

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA

Zip

33012

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/01/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MARCO A MALE

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

1910 W 56 STREET

Suite, Apt. #, Etc.

3108

City

HIALEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date

11/18/04

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,D	MARCO A MALE	1910 W 56 STREET, SUITE 3108	HIALEAH, FL 33012

200043616177
12/27/04--01002--020 **\$900.00

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:

PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/04

Daytime Phone #

305-820-6823