

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043082

1. Corporation Name

FUTURE KONNECTIONS, INC.

Principal Place of Business

100 SHANNON DR.
ANDALUSIA AL 36420

Mailing Address

100 SHANNON DR.
ANDALUSIA AL 36420

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

04/15/2002

5. FEI Number

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
PTD	PUGH, JOHN D ✓	100 SHANNON DR.	ANDALUSIA AL 36420
VSD	PUGH, JACK Y	301 DUNLEITH BLVD.	DOTHAN AL 36303

700024341357

10/31/03--01088--027 **150.00

8. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. COUNTY HWY. 30A, SUITE 105
SEAGROVE BCH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/27/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- President 10/27/03

Date

Daytime Phone #

850-267
2509

CR2E040 (7/03)

FUTURE KONNECTIONS, INC.

***100 SHANNON DRIVE.
ANDALUSIA, ALABAMA 36420***

October 28, 2003

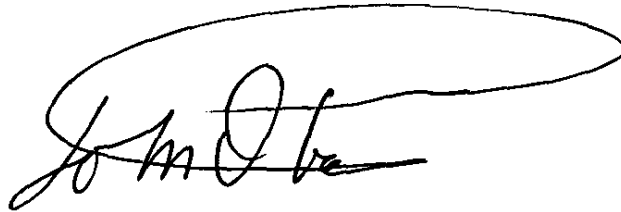
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee-Fl. 32314-6327

To Whom It May Concern:

Future Konnections "DID NOT RECEIVE" the two prior Uniform Business Report Notices for 2003.

As instructed by your office recording I have enclosed a company check for \$ 150.00 for Profit Corporation. Please contact me with any question at 850-267-2509.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Pugh", enclosed within a large, hand-drawn oval.

John D. Pugh
President
Future Konnections, Inc.