## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				S	DEPART ecretary	of S		≣		FIL E 2007 SEP - 6		
DOCUMENT # P05000060288  1. Corporation Name										SECRETARY OF STATE TALLAHASSEE.FLORIDA			
JD	FUT	UR	EEN	1T	ERP	RISE	ES	, INC.	İ			0/-07	
2. Principal Office Address - No P.O. Box # 3363 NW 53rd Circle					3. Mailing Office Address 1111 Brickell Bay Drive					REINSTATEMENT 06 - 0 3			
Suite, Apt. #, etc.					Suite, Apt. #, etc. Suite 1609					4. Date Incorporated or Qualified To Do Business in Florida 04/22/2005			
city & State Boca Raton, Florida					City & State Miami, Florida					<b>5.</b> FEI Number 20-2716596 Applied For Not Applicable			
<sup>Zip</sup> 33496	Country		į	Zip 33131		Coun	try				ditional Fee required		
7. Name and Address of Current Registered Agent													
SPIEGEL & UTRERA, P.A.										The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee by waived.			
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street													
Suite Apt. #, Etc. 4th Floor													
<sup>City</sup> Miami		State   33145				fee be waived.							
8. I, being appointed the regregated agent of the above harmed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  SPIEGEL & UIRERAL Pol.  Signature of Registered Agent By:  Natalia Utrera, Vice President  REGISTERE AGENT MUST SIGN													
9. Names	and Street A	idresses	of Each Office	er and/	or Director (Flor	rida nonprol	fit corpo	orations must list a	at lea:	st 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo					City / State / Zip			
PD	Omanoff, Justin					3363 NW 53rd Circle				Boca Raton, Florida 33496			
STD	Omanoff, Jerry					3363 NW 53rd Circle				Boca Raton, Florida 33496			
										09/11.	U10930901  0701041002 *	. <u>S</u> ∗300. <i>0</i> 0	
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daylume Phone #													