

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 SEP -2 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000002326

1. Limited Liability Company's Name

FUTURE WORLD CONSTRUCTION INC

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

938 Marisa Ln

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34744

Country

Osceola

3. Mailing Office Address

PO BOX 772461

Suite, Apt. #, etc.

City & State

Orlando

Zip

32837

Country

Orange

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/03/08

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Julio R Calle

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

938 Marisa Ln

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

☒ A \$100 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 \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
president	Julio R Calle	938 Marissa Ln	Kissimmee FL 34744

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date 08-23-08

Daytime Phone # 407-452-8464

Typed or printed name of signing Managing Member/Manager