

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000070298

1. Corporation Name

Palm Beach Futures & Options, Inc.

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

11770 U.S. Hwy One

Suite, Apt. #, etc.

#310

3. Mailing Office Address

#310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Zip

33408

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

Patricia O'Rourke

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

11770 U.S. Hwy One

Suite, Apt. #, Etc.

#310

City

Palm Beach Gardens

State

FL

Zip Code

33408

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

Patricia O'Rourke

Date *12/30/09*

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
Pres	Patricia O'Rourke	11770 U.S Hwy One #310	Palm Beach Gardens
			FL 33408

10. E-mail Address: *torourke@pbfo.com*

(To be used for future annual report notification)

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. I further certify, 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:

Patricia O'Rourke

12/30/09 561741112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN -5 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700164201877
01/05/10--01002--013 **300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/2008

5. FEI Number

26-3067692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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 be waived.