

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000092998**

1. Corporation Name
FUTURE IN THE MAKING, INC.
17100 NW 17 Court
Opa Locka, FL 33056

Principal Place of Business
17100 NW 17 Court
Opa Locka, FL 33056

Mailing Address
P.O. BOX 695423
Opa Locka, FL 33056

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable n/a		3. New Mailing Office Address, If Applicable n/a		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

REINSTATEMENT 98-01

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	VINCENT L. STEWART	17100 NW 17 Court	Opa Locka, FL 33056
D	MARY JEAN STEWART	17100 NW 17 Court	Opa Locka, FL 33056
D	SHAWNTE Y. STEWART	17100 NW 17 Court	Opa Locka, FL 33056
D	VINCENT C. STEWART	17100 NW 17 Court	Opa Locka, FL 33056
D	LETITIA Y. STEWART	17100 NW 17 Court	Opa Locka, FL 33056

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINCENT LESLIE STEWART -
17100 NW 17 Court
Opa Locka, FL 33056

Name	
Street Address (P.O. Box Number is Not Acceptable)	700004275597--8
Suite, Apt. #, Etc.	-05/22/01--01023--024
City	***1200.00 ***1200.00
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.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date **4-18-01**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

Date

Daytime Phone #

4-18-01