Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 30 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P96000104547

1. Corporation Name
EXECUTIVE FUTURES, INC.

2. Principal Office Address	3. Mailing Office Address
6400 N. ANDREWS AVE	6400 N ANDREWS AVE
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33309 Country BROWARD	Zip 33309 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 12/20/94

5. FEI Number 65-0715233 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: EDWARD POZZUOLI, ESQ

700039730998
07/30/04--01044--002 **00.00

Street Address (P.O. Box Number is Not Acceptable): 110 SE 6th Street

Suite, Apt. #, etc.: 15th FLOOR

City: FT. LAUDERDALE State: FL Zip Code: 33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date:
REGISTERED AGENT MUST SIGN

9. Names and addresses of [illegible] corporations must list at least 3 director(s)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARL CARIERI	6400 N. ANDREWS AVE	FT. LAUDERDALE, FL 33309
STD	ROSEMARIE CARIERI	6400 N. ANDREWS AVE	FT LAUDERDALE, FL 33309

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 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: Carl R. Carieri 7/28/04 954-493-9200 x304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E085 (01/04)

Executive Futures, Inc.
6400 North Andrews Avenue
Suite 100
Ft. Lauderdale, FL 33309

July 28, 2004

Department of State
Reinstatement Division
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Ref: P96000104547

To Whom It May Concern:

We would like to request the fees for reinstatement be waived. We never received the renewals for 2003 and 2004. In 2002 when we filed, we sent in a change of address. Please check the renewal form enclosed and you will see that there was a change of address.

Enclosed is our reinstatement application and a check for $300.00 for 2003 and 2004.

Thank you for your assistance in this matter. Should you have any questions please feel free to call me at 954-493-9200 ext. 204.

Sincerely,

Carl R Carieri

Carl Carieri