

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 25 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000042236**

1. Corporation Name **Future Scape Inc.**

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-05/06/02--01004--009
****150.00 ****150.00

2. Principal Office Address

334 So. Hyde Park Ave

Suite, Apt. #, etc.

First Floor

City & State

TAMPA FL

Zip

33606

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/97

5. FEI Number

59-3447578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK E. PENNA

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

334 So. Hyde Park Ave.

Suite, Apt. #, Etc.

2d Floor

City

TAMPA

State
FL

Zip Code

33606

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

REGISTERED AGENT MUST SIGN

Date **4/23/02**

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
D, P, T	Khalil Abdo	334 So. Hyde Park Ave TAMPA FL 33606	TAMPA FL 33606
VP	Alex Staurou	334 So. Hyde Park Ave.	TAMPA FL 33606

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****300.00 ****300.00

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:

Alex Staurou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/02

Daytime Phone #

813 251-1289