## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# CORPORATION REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State

### DOCUMENT # P97000048726

1. Corporation Name

Future Projects III Corp.

## FILED

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300003435333--1 -10/23/00--01087--001 2. Principal Office Address 3. Mailing Office Address \*\*\*\*750.00 \*\*\*\*750.00 15043 Tamarind Cay Court 15043 Tamarind Cay Court Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified #1405 #1405 To Do Business in Florida 6/3/97 City & State City & State 5. FEI Number Applied For FLFort Myers, Fort Myers, Not Applicable 65-0941048 Country Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED

33908	3	33908	CERTIFICA	TE OF STATU	JS DESIRED 🔲	for a Certifica	
		7. Name and Address of	Current Registered Agent				
33908	Name						
	Fric P. Littman						
•	Street Address (P.O. Box Nu	mber is Not Acceptable)					
	7695 SW 104 St	reet		<u> </u>			
	Suite, Apt. #, Etc.		•				
	Suite 210					-,	
	City			State	Zip Code		
	Miami			∣ FL	33156		

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 6/20/00

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			
P/D/C	Darryl Frey	15043 Tamarind Cay Ct., #1405	Fort Myers, FL 33908			
V/D	Kenneth Frey	15043 Tamarind Cay Ct., #1405	Fort Myers, FL 33908			
V/D	Mark Brecher	5919 Livermore Lane	Naples, FL 34119			
V/D	Judge A. Dickson	108 Cherry Hill Lane	Greenwich, CT 06831			
S/D	Jacque Spiro	6400 16th Avenue, NW	Naples, FL 34119			
Asst.	Shannon L. Payne	P.O. Box 299	Kalamazoo, MI 49004			

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 filling 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 gignature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/17/10 bate (941) 415-6420

CR2E081 (9/99)