

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **P98000016160**

1. Corporation Name

**FUTURE COMPUTERS OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

10400 GRIFFIN ROAD, STE. 204  
COOPER CITY FL 33328

10400 GRIFFIN ROAD, STE. 204  
COOPER CITY FL 33328



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1998

5. FEI Number

65-0812985

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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 3	City / State / Zip 4
<del>DP</del>	<del>JACOBSON, DANIEL M</del> <i>Delte</i>	<del>10400 GRIFFIN ROAD, STE. 204</del>	<del>COOPER CITY FL 33328</del>
DP	LEONARD, PATRICK M	10400 GRIFFIN ROAD, STE. 204	COOPER CITY FL 33328
DST	FELDMAN, LOUIS	10400 GRIFFIN ROAD, STE. 204	COOPER CITY FL 33328

500003469275--1  
-11/17/00--01095--00/3  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

*[Signature]* (MR. SPIEGAL FOR AMERILAWYER)

Date 10/25/00

REGISTERED AGENT MUST SIGN

CLIENT # MOI-9830483

EXP 8-01

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 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]*

PATRICK M. LEONARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

Date

954-252-1252

Daytime Phone #

CR2E040 (8/00)