

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 4:32

2002
JBR

DOCUMENT # P98000022278

1. Corporation Name
FCX FUTURES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008836940
11/06/02--01134--004 **150.00

Principal Place of Business

1019 KANE CONCOURSE
SUITE 203
BAY HARBOR ISLAND FL 33154

Mailing Address

1019 KANE CONCOURSE
SUITE 203
BAY HARBOR ISLAND FL 33154



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

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0818696

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/M	REVERON, CLAUDIO D	1111 KANE CONCOURSE, 219B 203 1019	BAY HARBOR ISLAND FL 33154
VPTD	REVERON, CLAUDIO D	1111 KANE CONCOURSE, 219B 203 1019	BAY HARBOR ISLAND FL 33154

8. Name and Address of Current Registered Agent

REVERON, CLAUDIO D
1111 KANE CONCOURSE
#219B
BAY HARBOR ISLAND FL 33154

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1019 KANE CONCOURSE
Suite, Apt. #, Etc.
SUITE 203
City
BAY HARBOR ISLANDS State
FL Zip Code
33154

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

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FCX FUTURES CORPORATION

10/29/02

October 29, 2002

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

--To Whom It May Concern:

FCX FUTURES CORPORATION; (Florida Document Number P98000022278) Did not received neither of the annual filing documents; except for the one today which is a dissolution document. We were advised to send the annual fees (\$150.00) and this letter explaining the matter.

Thank you.



Claudio D. Reveron
President.