

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 PM 2:59

DOCUMENT # **P98000045369**

1. Corporation Name

Florida's Future, INC

2. Principal Office Address

215 S. Monroe St

Suite, Apt. #, etc.

Suite 440

City & State

Tallahassee FL

Zip

32301

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-20-98

5. FEI Number

59-3503764

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

Peter F. Harris

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

215 S. Monroe St

Suite, Apt. #, Etc.

Suite 440

City

Tallahassee

200009746992

12/30/02-01076-020-*1550.00**

State

FL

Zip Code

32301

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

X

Date

REGISTERED AGENT MUST SIGN

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.	Peter Harris	215 S. Monroe St	Tallahassee FL 32301
C	Elvira Harris	1904 Myrick Rd.	Tallahassee, FL 32308

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Harris

Date

12/30/02

Daytime Phone #

850/224 4600

CR2E081 (9/01)