

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000058475**

1. Corporation Name
WORLD CAPITAL FUTURES, INC.

2. Principal Office Address
1703 W. STATE ST.
Suite, Apt. #, etc.

3. Mailing Office Address
1703 W. STATE ST.
Suite, Apt. #, etc.

REINSTATEMENT 03-04

City & State
TAMPA FL.

City & State
TAMPA FL.

Zip Country
33606 USA

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33606 USA

4. Date Incorporated or Qualified
To Do Business in Florida: **7/1/98**

5. FEI Number
59-3532569

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
EDWARD A. PELAEZ, JR.

400037336944

Street Address (P.O. Box Number is Not Acceptable)
1703 W. STATE ST.

05/26/04 01044 004 **500.00

Suite, Apt. #, Etc.

City
TAMPA

State Zip Code
FL 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

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
PSD	EDWARD A. PELAEZ, JR.	1703 W. STATE ST.	TAMPA, FL. 33606

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:

Edward Pelaez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-9

Date

8139018616

Daytime Phone #

CR2E081 (01/04)