

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000010312

1. Corporation Name

FUTURE COMPUTER SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~7632 SOUTHSIDE BLVD., SUITE 144~~
JACKSONVILLE FL 32256

~~7632 SOUTHSIDE BLVD., SUITE 144~~
JACKSONVILLE FL 32256

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

~~3505 Southside Blvd. Suite 6~~
Suite, Apt. #, etc.
Jacksonville, FL 32216
City & State

~~3505 Southside Blvd.~~
Suite, Apt. #, etc.
Suite 6
Jacksonville, Florida
City & State

Zip

Country

U.S.

Zip

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1999

5. FEI Number

59-3562252

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
R	J. Robert Olson	7632 Southside Blvd. #144	Jacksonville, FL 32216

600003440826--E
-10/26/00--01083--008
***150.00 ***150.00

JRO/125

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLSON, ROBERT James.
7632 SOUTHSIDE BLVD., SUITE 144
JACKSONVILLE FL 32256

Name

James Robert Olson

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

X **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/15/00

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/00

Daytime Phone #

(904) 641-6841

10-15-2000

To whom it may concern,

As a new business owner we were totally unaware of the process of reinstating. When we received the application on Oct. 10, 2000, we immediately called. We do apologize, and now we know this is something that needs to be done yearly. Thank you!

Sincerely,
Future Computers Systems, Inc.

Notice:

This is the first notice we received through the mail, or we would have never waited this long to respond.