PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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03 NOV 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000010312

1. Corporation Name

FUTURE COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
3505 SOUTHSIDE BLVD SUITE 6 JACKSONVILLE FL 32216	3505 SOUTHSIDE BLVD SUITE 6 JACKSONVILLE FL 32216

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

REINSTATEMENT 03

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: 01/28/1999

5. FEI Number: 59-3562252 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 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
P	OLSON, J. ROBERT	7632 SOUTHSIDE BLVD #144	JACKSONVILLE FL 32216

400024925084
11/2 /03--01034--024 **150.00

8. Name and Address of Current Registered Agent

OLSON, JAMES R
7632 SOUTHSIDE BLVD., SUITE 144
JACKSONVILLE FL 32256

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/21/03

REGISTERED AGENT MUST SIGN

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] 11/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 AV

October 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, please find a copy of my Application for Reinstatement and a check for $150. This check is payment for 2003. Please waive the penalties for late filing because I did not receive the pre-printed report or notice that my Corporate Annual Report was delinquent.

Sincerely,

Robert Olson
President
Future Computer Systems, Inc.

Enclosure