

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/15/02--01047--022 **150.00

CORPORATION
REINSTATEMENT



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

DOCUMENT # P99000049848

1. Corporation Name

FUTURESIGHTS, INC.

2. Principal Office Address

750 94TH AVE NORTH

Suite, Apt. #, etc.
#213

City & State

SAINT PETERSBURG, FL

Zip

33702

Country

US

3. Mailing Office Address

PO BOX 20757

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

Zip

33742

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1997

5. FEI Number

86-0871113

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

BEAZLEY, PHILLIP C

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

740 37TH AVE NORTH

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State
FL

Zip Code

33704

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

REGISTERED AGENT MUST SIGN

Date 11/11/2002

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	BEAZLEY, GLORIA	740 37TH AVE NORTH	SAINT PETERSBURG, FL 33704
V	BEAZLEY, PHILLIP	740 37TH AVE NORTH	SAINT PETERSBURG, FL 33704

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:

Phillip Beazley

PHILLIP BEAZLEY

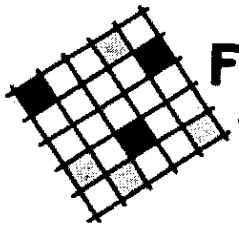
11/11/2002 727-578-9600 x204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



FutureSights, Inc.

Website Hosting,
Development &
E-commerce

750 94th Ave. N. Suite 213
St. Petersburg, Florida 33702
V: (727) 578-9600 — F: (727) 578-9665
<http://www.futuresights.com/>

November 10, 2002

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

Enclosed is our application for application for reinstatement. Per a telephone conversation with a representative of the reinstatement department, I have enclosed the original filing fee of \$150.00 for our Uniform Business Report for 2002 as we never received it via mail to be filed.

If you have any questions or need further information, please let me know.

Thank you!

Phillip Beazley
Vice President
FutureSights, Inc.