

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000067465

1. Corporation Name

FUTURES 2000 OF ORMOND BEACH FLORIDA, INC.

Principal Place of Business

126 HERITAGE CIRCLE  
ORMOND BEACH FL 32174

Mailing Address

P O BOX 730306  
ORMOND BEACH FL 32173

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

2. New Principal Office Address, If Applicable

26 FOXFORDS CHASE

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL.

Zip

32174

Country

FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1999

5. FEI Number

52-2188069

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CIAMMITTI, ANTONIO U	126 HERITAGE AVE 26 FOXFORDS CHASE	ORMOND BEACH FL 32174
			800009091378 11/20/02--01013--004 **150.00
			900008683409 10/29/02--01171--005 **750.00

8. Name and Address of Current Registered Agent

CIAMMITTI, ANTONIO U  
126 HERITAGE CIRCLE  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

26 FOXFORDS CHASE

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

Antonio U. Ciammitti

REGISTERED AGENT MUST SIGN

Date

4-12-02

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:

Antonio U. Ciammitti

ANTONIO U. CIAMMITTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Daytime Phone #

386  
672-6800

FILED

02 NOV 20 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)