

APPLICATION
FOR
REINSTATEMENT

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

00 DEC 29 PM 4:48

DOCUMENT # S16367

1. Corporation Name

Future Farm U.S.A., Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 98-00

1. Principal Place of Business

21 4296 Leighton Farm Ave.

Suite, Apt. #, etc.

City & State

23 Palm City FL

Zip

25 34990

County

27

2a. Mailing Address

24 4296 Leighton Farm Ave.

Suite, Apt. #, etc.

City & State

26 Palm City FL

Zip

28 34990

County

30

3. Date incorporated or Qualified

11/27/1990

3a. Date of Last Report

4. FBI Number

65-0371355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fee

7. This corporation has liability for intangible tax under

s. 199.032, Florida Statutes

☐

Yes

☐

No

8. Name and Address of Current Registered Agent

TABBERT, GERALD J
4296 SW LEIGHTON FARM AVE
PALM CITY, FL 34990

10. Name and Address of New Registered Agent

81 Name
Corporate Creations Network Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street, #200
83
84 City
Miami Beach
FL 85 Zip Code
33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ROLA 10/15 DATE 12-29-00
Signature, typed or printed name of individual agent and date if applicable. NOTE: Registered Agent signature required when submitting.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attached sheet with an address.

SIGNATURE ROLA 10/15 DATE 12/27/2000
Signature and typed or printed name of individual officer or director. Date

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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516367

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

FUTURE FARM U.S.A., INC.

Certificate of Status	0
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