

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 373172

1. Corporation Name

FREEMAN ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

2841 EXECUTIVE DR. SUITE 200
CLEARWATER FL 34622

2841 EXECUTIVE DR. SUITE 200
CLEARWATER FL 34622

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

2. New Principal Office Address, If Applicable

6130 CROOKED CREEK RD

3. New Mailing Office Address, If Applicable

6130 CROOKED CREEK RD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

NORCROSS, GA

City & State

NORCROSS, GA

Zip

30092

Country

GWINETT

Zip

30092

Country

GWINETT

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida

11/24/1970

5. FEI Number

59-1318084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FREEMAN, ROBERT M, JR	2841 EXECUTIVE DR #200	CLEARWATER FL 34622
V	FREEMAN, HAGAN C	7200 NW 2ND AVENUE 115	BOCA RATON, FL 00000
			000002016340--8 -11/27/96--01096--020 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

FREEMAN, ROBERT M., JR.
2841 EXECUTIVE DRIVE SUITE 200
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature] REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2000 (7/96)