PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 20 PM 3:33

DOCUMENT # 727160

1. Corporation Name

FREEDOM SEMINARY, INC.

REINSTATEMENT 84-00

2. Principal Office Address	**3.** Mailing Office Address
1150 Harbor Blvd.	1150 Harbor Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

4. Date Incorporated or Qualified To Do Business in Florida: 8/13/1973

5. FEI Number: 59-1569223 ☐ 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: J. Michael Rooney, Esq.

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***1225.00 ***1225.00

Street Address (P.O. Box Number is Not Acceptable): 306 East Olympia Avenue

Suite, Apt. #, Etc.:

City: Punta Gorda State: FL Zip Code: 33950

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 _____ Date 11/3/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PTS/D	Daniel P. Kolenda	1150 Harbor Blvd.	Port Charlotte, FL 33952
D	Melissa Seidel Kager	411 Lucys Lane	Orange Park, FL 32003
D	Talulah Earle Overby Dean	76 Greenwood Ave.	Ormond Beach, FL 32174
D	Daniel P. Kolenda, Jr.	25380 Palisades	Punta Gorda, FL 33983

JR 12/4

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: Daniel P. Kolenda Daniel P. Kolenda 11-14-00 941-625-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #