

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 12 MAR -8 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000001483

1. Limited Liability Company's Name

Financial Freedom

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 2459 S Ponte Vedra Beach Blv

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Ponte Vedra Beach, Florida

City & State

Zip 32082 Country USA

Zip Country

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida January 2, 2002

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name NO Change

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

Suite, Apt. #, Etc.

City State FL Zip Code

E-mail Address:

000224193290 03/08/12--01025--008 **725.00

robDavis.22@me.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: Mgr, Robert Sanders Davis, 3102 Hanna Lane, Bentonville AR 72712. Includes handwritten 'REINSTATEMENT 09-2012' and 'RB'.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date 3/06/2012

Daytime Phone # 214-536-5098

Typed or printed name of signing Managing Member/Manager Robert Sanders Davis