

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600162842466
11/16/09--01006--017 **282.50
CR2E041 (11/09)

DOCUMENT # L 06000112525

1. Limited Liability Company's Name

FREEDOM FIGHTERS & ASSOCIATES, LLC

2. Principal Office Address - No P.O. Box #

851 NE 205 ST

Suite, Apt. #, etc.

3. Mailing Office Address

851 NE 205 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33179

Country

U.S.

Zip

33179

Country

U.S.

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

11/21/2006

6. FEI Number

20-5927313

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/11/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNG	CLARIVETTE BALCON	851 NE 205 ST.	MIAMI, FL 33179

REINSTATEMENT

08-09

CL 11-16-09

11. E-mail Address FLFREEDOMFIGHTERS@GMAIL.COM OR JOHNBALCON@ATT.NET

(To be used for future annual report notifications)

12. 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.

Signature of Managing Member/Manager

Date 11/11/09

Daytime Phone # 305-525-5205

Typed or printed name of signing Managing Member/Manager JOHN BALCON