

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 11 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099943

1. Corporation Name

FREEMAN ADVERTISING, INC.

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

1560 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

4th FLOOR

City & State

SUNRISE, FLORIDA

Zip

33323

Country

US

3. Mailing Office Address

1560 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

4th FLOOR

City & State

SUNRISE, FLORIDA

Zip

33323

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida 07/02/2004

5. FEI Number

☒ 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

OSCAR FREEMAN

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

1560 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, Etc.

4th FLOOR

City

SUNRISE

State

FL

Zip Code

33323

☒ The 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 reinstatement fee be waived.

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 08/11/08

REGISTERED AGENT MUST SIGN

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
CEO	OSCAR FREEMAN	1560 SAWGRASS CORP. PARKWAY	SUNRISE, FLORIDA 33323
			000134590450
			08/19/08--01008--014 **\$600.00
			REINSTATEMENT
			05-08

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/08

Date

Daytime Phone #