

**2023 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F22000007221

**Entity Name:** FREELINE THERAPEUTICS, INC.**Current Principal Place of Business:**915 BROADWAY  
STE 1005  
NEW YORK, NY 10010**Current Mailing Address:**915 BROADWAY ST STE 1005  
NEW YORK, NY 10010 US**FEI Number:** 37-1915254**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** C T CORPORATION SYSTEM

11/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CFO
Name	SCHNEIDER, PAUL
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

Title	VP, FINANCE
Name	LAMONT, SEAN
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

Title	CEO
Name	PARINI, MICHAEL J
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

Title	VP
Name	JONES, NICOLE
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

Title	SEC
Name	MCCORKLE, CHIP
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

Title	CTO
Name	BIRCHER, JAMES
Address	915 BROADWAY STE 1005
City-State-Zip:	NEW YORK NY 10010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SEAN LAMONT

VP, FINANCE

11/08/2023

Electronic Signature of Signing Officer/Director Detail

Date