PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

389613

1. Corporation Name

FREELAND MOORE, INC.

Principal Place of Business

4318 TAMIAMI TRAIL

PORT CHARLOTTE FL 33990 US Mailing Address

4318 TAMIAMI TRAIL PORT CHARLOTTE FL 33980

US

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/13/1971 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1361483 City & State City & State Not Applicable 6. \$8.75_Additional.Fee.required Country Zip CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director FORT MYERES FL 33919 917 CYPRESS LAKE CIRCLE Ρ FREELAND, CHRISTOPHER FT MYERS FL 13880 S TAMIAMI TRL FREELAND, GEORGE T. D NAPLES FL 92 MYRTLE ROAD FREELAND, BERNARD G. 100008682491 10/29/02--01151--024 **60000## D0\$-45004**\$3-100%**68796 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent FREELAND, BERNARD G Street Address (P.O. Box Number is Not Acceptable) 13880 S TAMIAMI TRAIL 100000868249 PORT_CHARLOTTE_FL.33912_ 10/29/02--01151--025 一条 150-60 Suite: Apt. #, Etc. State | Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _ SIGN/JA/KEQUIRED

Date 10/22/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Freeland
10/22/02 941-624-1171
ING OFFICER OR DIRECTOR
Date
Dayline Phone #

CR2E040 (8/0