PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86660

FILED
01 NOV 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

FREEDOM FORD, INC.

Principal Place of Business	Mailing Address
~~5401 E. INDEPENDENCE BLVD.~~ ~~CHARLOTTE NC 28212~~	~~5401 E. INDEPENDENCE BLVD.~~ ~~CHARLOTTE NC 28212~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
24825 US. HIGHWAY 19N	24825 U.S. HIGHWAY 19N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CLEARWATER, FLORIDA	CLEARWATER, FLORIDA
Zip 33763 Country USA	Zip 33763 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/1982

5. FEI Number: 59-2214873 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SMITH, B. SCOTT	5401 E INDEPENDENCE BLVD	CHARLOTTE NC ~~28210~~ 28212
S	COSS, STEPHEN K	5401 E. INDEPENDENCE BLVD.	CHARLOTTE NC 28212
VD also T	WRIGHT, THEODORE M.	5401 E INDEPENDENCE BLVD	~~CHARLOTTER~~ NC ~~28218~~ 28212 CHARLOTTE
D	SMITH, O. BRUTON	5401 E. INDEPENDENCE BLVD.	CHARLOTTE NC 28212
AS/AT	BROWN, RICKY L.	4625 ALEXANDER DR., STE 140	ALPHARETTA, GA 30022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

100004693671--1
-11/26/01--01074--013
****758.75 ****758.75

CR2E040 (8/01)

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.

Signature of Registered Agent SIGNATURE CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY Date 11/15/01
REGISTERED AGENT MUST SIGN

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 REQUIRED Stephen K. Coss Secretary 11/13/01 704-566-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Freedom Ford, Inc.

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( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
01 NOV 15 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/15/01

Order#: 4915747

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615