

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **E9500002929**

1. Corporation Name

FREE STYLE COMPANY LIMITED

2. Principal Office Address

7C Bo Yip Bldg

3. Mailing Office Address

Same

Suite, Apt. #, etc.

6 Ashley Rd.

Suite, Apt. #, etc.

City & State

Tsim Sha Tsui, Kowloon

City & State

Zip

Country

Hong Kong

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/95

5. FEI Number

66-0521061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Lawrence M. Hankin

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

1820 Ringling Boulevard

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

4/30/03

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
PTSD	Peter Hausner	7C Bo Yip Bldg, 6 Ashley Rd.	Tsim Sha Tsui, Kowloon, Hong Kong

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 under section 119.07(3)(f), 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:

PETER HAUSNER, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

23.4.2003

Daytime Phone #

CR2E081 (10/02)