FREEMAN PARTNERS INC.  2. Principal Office Address One Park Place One Park Place Suite, Apt. #, etc. Suite	PLEASE REAL	O ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.	
Secretary of State DINISION OF CORPORATIONS  DOCUMENT # F9600000572  1. Corporation Name FREE MAN PARTIVERS INC.  2. Penaggal Once Address One Park Place One Park Place Suite Apt. 9 occ. Suite 240 Suite 4240 S			ྼED	
1. Corporation Name  Free Man Partiners INC.  2. Principal Office Address One Park Place Suite Apt 4 etc. Suite Apt 5 etc. Suite Apt 7 etc. Suite Apt 8 etc. Suite Apt 8 etc. Suite Apt 8 etc. Suite Apt 9 etc. Su		Secretary of State	00 MAY -2 AM 10: 09	
2. Principal Office Address One Park Place Suite, Apt. 8, etc. Sui	DOCUMENT # F9600000572  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt. 4, etc.  Suite, Ap	FREEMAN PARTNERS INC.		A Comment of the comm	
Suite 240  Suite 240  Suite 240  City & State  BOCH Ration FL.  BOCH Ration FL.  BOCH Ration FL.  BOCH Ration FL.  Settle Matthers of Country  To Do Business in Floridis Feb., 5, 1996  Settle Address (P.O. Box Number is Nos Acceptable)  Street Address (P.O. Box Number is Nos Acceptable)  FL.  Suite Address of Current Registered Agent  Name  Clen Kern with an Address of Current Registered Agent  Name  City Boch Ration  The Street Address (P.O. Box Number is Nos Acceptable)  Suite Agent FL  Suite Address Of Each Officer and/or Director Florida nonprolit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  City / State / Zip  Chenn Kernwels  One Park Place Stecker  Bocca Raken FL  33487  10. Learlity that I am an officer or director or the recoiver or trustee empowered to exocute this application as provided for in chapter 607 or 517, F.S. I further certify that when fifting this reinstatement application, the reason for dissolution has been eliminated, the corporate name subtiles the requirements of section 607,0401 or 617,0401, F.S. In tail If leas over on the proporation in the page of and the manages of Individual settle on this form do not qualify for a seemption under sementic of accidence for 70 or 617,0401, F.S. In the requirements of section 607,0401 or 617,0401, F.S. In the Improvements of section 607,0401 or 617,0401, F.S. In the Improvement of the Improvement of Each of the Suite Agent		. Chetark Place	REINSTATEMENT 97-00	
BOCA Ration FL. Boch Ration FL. S. FEI Number 88-03/8/93 Additional For require for a Certificate of Status Desired Agent Name  7. Name and Address of Current Registered Agent Recomposition of Status Desired Agent Recomposition of Status Status Respectively. St	Suite, Apt. #, etc. Suite 240		4. Date Incorporated or Qualified To Do Business in Florida	
279 334877 Country 334877 Country 334877 G. Name and Address of Current Registered Agent  Name Glenn Kernweis Street Address (P.O. Box Number is No Acceptable) -06/12/0000102605 Suite, Apt. #, Etc.  \$\frac{1}{2}\text{Suite} \text{Address} \text{Place} \frac{1}{2}\text{Address} \text{Address} \text{Address of 607.0505 or 617.0503, F.S.} \text{Bignature of 1} \text{Registered Agent Must Sign Date 41/38/00} \text{Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)} \text{Date 41/38/00} Addresses of Each Officer and/or Director City State / Zip Officer and/or Director Director City State / Zip Officer Address of State / Zip	BOCA Raton FL	City & State	5. FEI Number Applied For	
Street Address (P.O. Box Number is Not Acceptable)  We Fark Place -05/12/00-01026 -05  Suite Apt. #. Etc. ###12/08.75 ###12/08.75  Suite Apt. #. Etc. ###12/08.75  City Boca Rabon FL 33487  8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director Street Address of Each Officer and/or Director Officer and/or Director Director City / State / Zip  7. Street Address of Each Officer and/or Director Place Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. Street Address of Each Director City / State / Zip  7. State / Zip  8. I, being appointed the registered agent of the address of Each Director City / State / Zip  7. State / Zip  8. I, being appointed the registered agent of the address of Each Director City / State / Zip  8. I, being appointed the registered Address of Each Director City / State / Zip  8. I, being appointed the registered Address of Each Director City / State / Zip  8. I, being appointed the registered Address of Each Director City / State / Zip  8. I, being appointed the registered Address State City / Zip  8. I, being appointed the registered Address State City / Zip  8. I, being appointed the registered Address			6. S8.75 Additional Fee require	
Street Address (P.O. Box Number is Not Acceptable)  ONE PACK PLACE  Suite, Apt. #, Etc.  City Boca Raton  State 210 Code  FL 33487  8. I, being appointed the registered agent of the above name Registered Agent Registered Agent Places of 17.0503, F.S.  Signature of Registered Agent Places of 17.0503, F.S.  Signature of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Directors  One Pack Place Ste 240 Boca Raton FL 33487  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 fless owed by the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 1907.0401 or 617.0401, F.S., that all fless owed by the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 1907.0401, F.S., that all fless owed by the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 1907.0401, F.S. the information indicated	7. Name and Address of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)  ONE PATK Place  Suite, Apt. #, Etc.  City  Boch Ration  State  Zip Code  FL 33487  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 Agent  REGISTERED AGENT MUST SIGN  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Officers and/or Director  Officer and/or Director  One Park Place Ste 246  Bock Ration FL 33487  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 filling this roinstatement application, the crasson for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fless owed by the copporation have been paid and the names of individuals listed on this form do not painty for an exemption under section 110 07(3)(0), F.S. The information indicated				
Suite, Apt. #, Etc.  City Boch Ration  State 240  State 240  B. I. being appointed the registered agent of the above name Corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Registered Agent MUST SIGN  9. Names and street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Officer and/or Director  City / State / Zip  One Park Place Ste 240  Boch Raken FL 33487  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 fiting this roinstatement application, the reason for dissolution to have been pold and the names of mishous labels for the requirements of section 607,0401 or 617,0401, F.S., that all feeds owed by the corporation have been pold and the names of mishous his form do not qualify for a not q	Street Address (P.O. Box Number is Not Acceptable)			
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Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Glenn Kernwers One Park Place Ste 240 Boca Roken FL 33487  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 filling 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				
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Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;