

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -2 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000572**

1. Corporation Name

Freeman PARTNERS INC.

Handwritten initials

2. Principal Office Address

One Park Place

3. Mailing Office Address

One Park Place

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

BOCA RATON FL.

City & State

BOCA RATON FL.

Zip

33487

Country

Zip

33487

Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 5, 1996

5. FEI Number

88-0318193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glenn Kernweis

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

one Park Place

3000032844237-2

-06/12/00--01026--005

Suite, Apt. #, Etc.

Suite 240

*****1208.75 ***1208.75**

City

BOCA RATON

State

FL

Zip Code

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
Registered Agent

Handwritten signature of Glenn Kernweis

REGISTERED AGENT MUST SIGN

Date

4/28/00

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
P/T/S V/D/C	Glenn Kernweis	one Park 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 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:

Handwritten signature of Glenn Kernweis
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

(561)-995-1498

Daytime Phone #

CR2E081 (9/99)