

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000001483

1. Limited Liability Company's Name

FINANCIAL FREEDOM, LLC

FLORIDA
300041536873
10/01/04--01051--002 **200.00

2. Principal Office Address

2459 S. Ponte Vedra Beach Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

7634 Sweetgum Drive
Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/22/02

6. FEI Number

Applied For

X

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Jacksonville, FL

Zip

32082

Country

USA

City & State

Irving, TX

Zip

75063

Country

USA

8. Name and Address of Current Registered Agent

Name

John S. Ball

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2600

City

Jacksonville

State

FL

Zip Code

32202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

John S. Ball
REGISTERED AGENT MUST SIGN

Date

9/16/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Robert S. Davis	7634 Sweetgum Drive	Irving, Texas 75063

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Robert S. Davis

Date

9/20/04

Daytime Phone # 407-758-5900

Typed or printed name of signing Managing Member/Manager Robert S. Davis