

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 12 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100128365491
05/05/08--01019--012 **143.75

CR2E041 (12/07)

DOCUMENT # L06000079009

1. Limited Liability Company's Name

FREEDOM UNLIMITED, LLC

2. Principal Office Address - No P.O. Box #

1935 MORELLA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1935 MORELLA ST.

Suite, Apt. #, etc.

City & State

NAVARRE, FLORIDA

City & State

NAVARRE, FLORIDA

Zip

32566

Country

Zip

32566

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/10/06

6. FEI Number

205351821

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JADE EAST

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

1935 MORELLA ST.

Suite, Apt. #, Etc.

City

NAVARRE

State

FL

Zip Code

32566

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jade East
REGISTERED AGENT MUST SIGN

Date 4/30/08

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
MGRM	JADE EAST	1935 MORELLA ST.	NAVARRE, FL. 32566
REINSTATEMENT			
2007-2008			
05/17/07-90174-039-\$55.00			

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

Jade East

Date 4/30/08

Daytime Phone #

850-377-6215

Typed or printed name of signing Managing Member/Manager

JADE EAST