

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L50144**

1. Corporation Name

FREEDOM PREMIUM FINANCE CORPORATION

600031347356
03/29/04--01070--010 **\$900.00

REINSTATEMENT

03-04

2. Principal Office Address

18839 SW 117 AVENUE
Suite, Apt. #, etc.

3. Mailing Office Address

3039 PREMIERE PKWY
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

U.S.

City & State

DULUTH, GA

Zip

30097

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02-15-1990

5. FEI Number

65-0190863

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

JOSE L. HERNANDEZ

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

18839 SW 107 AVENUE

Suite, Apt. #, Etc.

SUITE 239

City

MIAMI

State

FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date

3/19/2004

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
VP/D.T.	JOSE L. HERNANDEZ	18839 SW 117 AVENUE	MIAMI, FL 33177
PDS	JOSE L. HERNANDEZ	18839 SW 117 AVENUE	MIAMI, FL 33177

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/2004 (305) 231-7626

Daytime Phone #

CR2ED81 (01/04)