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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

10 MAY 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600175479556
04/13/10--01006--023 **238.75

CR2E041 (11/09)

4. State/Country of Formation FL/ Miami-Dade	
5. Date Organized or Qualified To Do Business in Florida 1999	
6. FEI Number EIN 52-2350346	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002827

1. Limited Liability Company's Name

FREEDOM TRUST CO., LLC

2. Principal Office Address - No P.O. Box #
166 NE 54 Street

3. Mailing Office Address
S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL 33137

City & State

Zip
33137

Country
USA

Zip

Country

8. Name and Address of Current Registered Agent

Name
DJ Neree

Street Address (P.O. Box Number is Not Acceptable)
166 NE 54 Street

Suite, Apt. #, Etc.

City
Miami, FL 33137

State
FL

Zip Code
33137

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-31-10

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	DJ Neree	166 NE 54 Street	Miami, FL 33137
			600175479556 05/28/10--01031--005 **17.50
			600175479556 04/13/10--01006--024 **5.00
			JB
			REINSTATEMENT 2008-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date 3-31-10

Daytime Phone # 786-237-1678

Typed or printed name of signing Managing Member/Manager

W1-18196



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FILED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

10 MAY 28 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2010

FREEDOM TRUST CO., LLC
166 NE 54 STREET
MIAMI, FL 33137

SUBJECT: FREEDOM TRUST CO., LLC
Ref. Number: L99000002827

We have received your document for FREEDOM TRUST CO., LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$177.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 210A00009192