

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002393**

1. Corporation Name

FREEDOM 7 FUNDRAISING COMMITTEE, INC.

Principal Place of Business

400 4TH STREET
COCOA BEACH FL 32931

Mailing Address

400 4TH STREET
COCOA BEACH FL 32931

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Handwritten initials



REINSTATEMENT 2002

4. Date Incorporated or Qualified To Do Business in Florida

04/04/2001

5. FEI Number

59-3699386

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DA DV	VINEYARD, DEBORAH Karen Mott	400 4TH STREET	COCOA BEACH FL 32931
DS	WALKER, SHEILA Janet Biem	400 4TH STREET	COCOA BEACH FL 32931
DS DP	TORRES, KIM	400 4TH STREET	COCOA BEACH FL 32931
DT	GLOVER, JULIE Wendy Knippel	400 4TH STREET	COCOA BEACH FL 32931

100008834531

11/06/02--01115--003 **236.25

8. Name and Address of Current Registered Agent

VINEYARD, DEBORAH
400 4TH STREET
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name Wendy Knippel
Street Address (P.O. Box Number is Not Acceptable) 400 4th Street
Suite, Apt. #, Etc.
City Rockledge State FL Zip Code 32931

CR2E04C (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Wendy Knippel **REQUIRED**
REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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:

Wendy Knippel / RE Wendy Knippel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

321-634-1851
Daytime Phone #