

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011045

FILED  
Oct 28, 2008  
Secretary of State

Entity Name: BREAKING FREE, INC.

**Current Principal Place of Business:**

4300 LEXINGTON AVE.  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

4300 LEXINGTON AVE.  
FORT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 26-1471129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MUSCO, MICHELLE  
4300 LEXINGTON AVE.  
FORT MYERS, FL 33905      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHELLE MUSCO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MUSCO, MICHELLE  
Address: 4300 LEXINGTON AVE.  
City-St-Zip: FORT MYERS, FL 33905

Title: VPD      ( ) Delete  
Name: ORTIZ, ROSA  
Address: 4300 LEXINGTON AVE.  
City-St-Zip: FORT MYERS, FL 33905

Title: D      ( ) Delete  
Name: WEST, TIFFANY M  
Address: 4300 LEXINGTON AVE.  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR      (X) Change ( ) Addition  
Name: COHEN, KRISTIN  
Address: 4300 LEXINGTON AVE.  
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MUSCO

PRES

10/28/2008

Electronic Signature of Signing Officer or Director

Date