

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19113**

1. Corporation Name **Time for Freedom, Inc.**

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REINSTATEMENT 2003

600025171876

12/03/03--01007--006 **236.25

2. Principal Office Address

2006 NE 8th Rd

3. Mailing Office Address

P.O. Box 819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34470

Country

USA

Zip

34478

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

59-2771223

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

Bernie De Castro

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

50 NE 35th St.

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34479

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

Bernie De Castro

Date **12-1-03**

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| V. | John Glenn | 2500 So. Kanner Hwy Suite 3 | Stuart FL 34994 |
| F/S | Dan Curington | 2652 NE 24th St | Ocala, FL 34470 |
| P/D | Bernie De Castro | 50 NE 35th St. | Ocala, FL 34479 |
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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:

Bernie De Castro

12-1-03

352-351-1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #