PLEASE HEAD	ALL INSTRUCTION	IS BEFOR <b>É</b> C	COMPLE H	NG THIS FO	-⊀M.	
FOR REINSTATEMENT	FLORIDA DEPARTM  Katherine I  Secretary o	IENT OF STATE <b>Harris</b> f State		en en		
DOCUMENT # N9700005667  1. corporation Name			99 OCT 13 PH 3: 52			
Floridians Representing Equity and Equality, Inc. (FREE) Principal Place of Business Mailing Address						
1333 W. Cass Street P.O. Box 172242 Tampa, FL 33606 Tampa, FL 33672-1723			RFIN	Statem	ENT 4	18-95
If above addresses are incorrect in any way, line thrown 2. New Principal Office Address. If Applicable 1333 W. Cass Street Suite, Apt. #, etc.	3. New Mailing Office Address P.O. Box 172242 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida October 7, 1997  5. FEI Number  Applied For			
City & State Tampa, Florida Zip Country 33606 USA	33672-1722	untry USA	L	0 OF STATUS DESIRED	60.76	Not Applicable nal Fee required cate of Status
Title(s) and/or Directors 3 (Do NOT		Street Address of Each Officer and/or Director Use Post Office Box N	Numbers)	4 Cit	ty / State / Zip	
		arrison Av.,		Clearwater Tampa, FL		i6
Treas. Ms. Toni Van Pelt (D) 112		1280 Freedom Court		Seminole, FL 33772		
				000020 -10/19/9 **/**306	1 9020 901095 .25 ****	36 003 306.25
8. Name and Address of Current Registered Agent			9. Name and A	Address of New Regist	ered Agent	
) · · · · · · · · · · · · · · · · · · ·			A. Dayis (P.O. Box Number is Not Acceptable) dley Way tc.			CP2E061 (12/39)
10. I, being appointed the registered agent of the above named corporation, am familiar with an			bligations of Secti	on 607.0505, F.S.	State Zip Code FL 3364	
Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date <u>Septem</u>	ber 29, 1	.999
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No   (See other side for information on intangible tax.)						nation
12. 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 filling 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 PHOTED NAME OF SIGNING OFFICER OR BIREFORD DAVIS 9-29-99 (813)274-5599-