

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN -8 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006430

1. Corporation Name

FREEDOM MOTORCYCLE CLUB, INC.

Principal Place of Business

4641 E. 10TH AVE.  
HIALEAH FL 33013

Mailing Address

4641 E. 10TH AVE.  
HIALEAH FL 33013

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1997

5. FEI Number

65-0819439

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Luis Fajardo, Jr.	8888 NW 110 Street	Hialeah, Florida 33018
DTS	Cary Casal	3810 SW 79 avenue # 56	Miami, florida 33155
DVP	Oliden ORTIZ	4641 E. 10 Avenue	Hialeah, Florida 33013

REINSTATEMENT

200002740752--5

-01/13/99-01103-037

\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORTIZ, OLIDEN  
4641 E. 10TH AVE.  
HIALEAH FL 33013

Name

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

Suite, Apt. #, Etc.

City

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-01/13/99-01103-036

\*\*\*\*\*2351 State \*\*\*\*\*2351.25

FL

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.

Signature of  
Registered Agent

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date December 7, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

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 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:

*[Signature]*

**SIGNATURE REQUIRED**  
Oliden Ortiz, V-President & Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/98 (305) 687-5883

Date

Daytime Phone #