

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 17 PM 3:06

DOCUMENT # N98000005271

1. Entity Name
FREEDOM FINANCIAL CONSULTANTS, INC.



Principal Place of Business
3500 S. FLORIDA AVE., STE. 6
LAKELAND, FL 33803

Mailing Address
3500 S. FLORIDA AVE., STE. 6
LAKELAND, FL 33803

2. Principal Place of Business
214 Hillcrest St.

3. Mailing Address
214 Hillcrest St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33815

Country
USA

Zip
33815

Country
USA

01062006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-3541959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, JOY T
2811 SHOAL CREEK VILLAGE DR
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LYNN, LARRY H JR ☐ Delete
STREET ADDRESS 1143 LK POINT TERR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VD ☒ Delete
NAME CHRISTIAN, B J
STREET ADDRESS 403 S RD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE STD ☐ Delete
NAME CARUSO, JOY T
STREET ADDRESS 2811 SHOAL CREEK VILLAGE DR
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOY T CARUSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06 (863) 882-3865

Date Daytime Phone #

REINSTATEMENT 05060

1/20/06