

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

300032278623
04/03/04--01056--028 **306.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006228

1. Corporation Name
FREEDOM ACRES Homeowners ASSOCIATION, INC.

| | | | |
|---|---------|---|---------|
| 2. Principal Office Address <u>533 SE 6th TER</u> | | 3. Mailing Office Address <u>533 SE 6th TER</u> | |
| Suite, Apt. #, etc. <u>APT. #2</u> | | Suite, Apt. #, etc. <u>APT 2</u> | |
| City & State <u>CAPE CORAL, FL</u> | | City & State <u>CAPE CORAL FL</u> | |
| Zip <u>33990</u> | Country | Zip <u>33990</u> | Country |

4. Date Incorporated or Qualified To Do Business in Florida 10/30/1998

5. FEI Number _____ 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 JAY HOLLINGSWORTH

Street Address (P.O. Box Number is Not Acceptable)
26252 GLASPELL RD

Suite, Apt. #, Etc.

City PUNTA GORDA State FL Zip Code 33955

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 Jay Hollingsworth Date 4/6/04

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 |
|--------|-----------------------------------|--|-----------------------|
| P | FRANK MEZZATESTA | 2518 VAN BUREN PKWY | Cape Coral, FL 33993 |
| V | MICHAEL White | 1828 SE 2nd TER | Cape Coral, FL 33990 |
| S | CAROL Peter | 533 SE 6 th TER #2 | Cape Coral, FL 33990 |
| T-3 | JAY HOLLINGSWORTH | 26252 GLASPELL RD | Punta Gorda, FL 33955 |
| | | | |
| | | | |

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)(f), 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: Jay Hollingsworth JAY HOLLINGSWORTH Date 4/6/04 Daytime Phone # 239-633-0631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)