

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 FEB 23 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **199000000874**

**1. Corporation Name**

**Freedom Fellowship, Inc.**

**2. Principal Office Address**

**526 Perry Circle**

Suite, Apt. #, etc.

City & State

**Jupiter FL**

Zip

**33458**

Country

**Palm Beach**

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**00-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**2-1-99**

**5. FEI Number**

**65-0895719**

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

**Robert Viens**

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

**526 Perry Circle**

Suite, Apt. #, Etc.

City

**Jupiter**

State  
**FL**

Zip Code

**33458**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of**

Signature of  
Registered Agent

**[Signature]**

REGISTERED AGENT MUST SIGN

**800003801828-1**

**-03/06/01--01031--005**

Date: **\*\*\*\*61.25 \*\*\*\*61.25**

**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
Pres	Robert Viens	526 Perry Circle	Jupiter, FL 33458
DIR	Barbara Viens	526 Perry Circle	Jupiter FL 33458
DIR	JASON VIENS	526 PERRY Circle	Jupiter FL 33458
DIR	Shane Viens	526 Perry Circle	Jupiter FL 33458
DIR	Jeffrey Baker	PO Box 838	Raymondville TX 78580
DIR	David Hogan	PO Box 838	Raymondville TX 78580
DIR	C. Phillip Gamill	PO Box 838	Raymondville TX 78580

**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:**

**[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/31/2000**

Daytime Phone #

CR2E081 (9/99)