

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9900000874

1. Corporation Name

(FLORIDA NON PROFIT)
FREEDOM FELLOWSHIP INC.

REINSTATEMENT 02-04

2. Principal Office Address

12262 SANDY RUN ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

Zip

33478

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 2/08/1999

5. FEI Number

65-0895719

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500030727875

03/18/04--01055--002 **358.75

7. Name and Address of Current Registered Agent

Name

BARBARA VIENS

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

12262 SANDY RUN ROAD

Suite, Apt. #, Etc.

City

JUPITER, FL

State

FL

Zip Code

33478

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

Barbara Viens

Date

3/15/04

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
PD	ROBERT VIENS	12262 SANDY RUN ROAD	JUPITER, FL 33478
STD	BARBARA VIENS	12262 SANDY RUN ROAD	JUPITER, FL 33478
D	JASON VIENS	12262 SANDY RUN ROAD	JUPITER, FL 33478
D	SHANE VIENS	12262 SANDY RUN ROAD	JUPITER, FL 33478

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:

Barbara Viens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

Daytime Phone #

CR2504 (01/01)