PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO ISTATEMEI				DEPARTMENT Secretary of Sta	ate	i	FILED 9 NOV 16 AM 8: 34 ECRETARY ASSISTE	ا م
DOCUMENT # N9900000874 1. Corporation Name							TĂI	ECRETANT OF STATE LLAHASSEE, FLORID	A 2/30.09
FRE	EEDOM F	EL	LOWSH	IP, INC		i	80 11/19	001629429 9/0901002005	28 **192.50
					Office Address V FLETCHER LANE		DEIN	VSTATEM	ENTE
Suite, Apt. #, etc. Suite, A				Suite, Apt. #,	l. #, etc.			oreted or Qualified	'' i
City & State City & State PORT ST LUCIE, FL PORT ST				LUCIE		To Do Business in Florida 02/08/1999 5. FEI Number Appiled For 65089571901			
Zip 34953	Country		Zip 34953	Country	,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
	7.	. Nam	ne and Address	of Current Regis	tered Agent			101 11 0	ermicate of Status
Name JAMES J O'HEARN							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
Street Address (P.O. Box Number is Not Acceptable) 2466 NE 17TH COURT									
Suite, Apt. #, Etc.							received and requesting the reinstatement fee be waived.		
City JENSEN BEACH					State State 34957		walved.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN							Digations of section 607.0505 or 617.0503, F.S. Date		
9. Names	s and Street Addre	esses	of Each Officer a	nd/or Director (Flo	rida nonprofit corpore	itions must list at lea	ast 3 directors)		
Titles	tles Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zlp	
PD	ROBERT VIENS				1289 SW FLETCHER LANE		E	PORT ST LUCIE, FL 34953	
STD	BARBARA VIENS				1289 SW FLETCHER LANE		E	PORT ST LUCIE, FL 3	4953
D	JASON VIENS				1289 SW FLETCHER LANE		E	PORT ST LUCIE, FL 34953	
D	SHANE VIENS				1289 SW FLETCHER LANE		E	PORT ST LUCIE, FL 34953	
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 gaid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 ceth. ROBERT VIENS									

James J. O'Hearn

Accountant

Phone (561) 704-2608 Fax (772) 334-4426 Office (772) 225-1136

Income Tax Service * Bookkeeping* Financial Statements* Consulting*

November 3, 2009

To: Reinstatement Section
Division of Corporations

Name of Corporation: Freedom Fellowship, Inc.

Document Number: N99000000874

The enclosed corporation reinstatement and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James J. O'Hearn James J. O'Hearn Accountant 2466 NE 17th Court Jensen Beach, FL 34957 <u>oherntax@bellsouth.net</u>

For further information concerning this matter, please call James J. O'Hearn at (561) 704-2608.

Enclosed is a check for the following

2007 Annual Report	\$61.25
2008 Annual Report	\$61.25
2009 Annual Report	\$61.25
Certificate of Status	\$ 8.75
	\$192.50