

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002857**

1. Corporation Name

DONNADALE FREEDOM FOUNDATION, INC.

Principal Place of Business

Mailing Address

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

% ROBERT L. SVOBODA
31 FAIRWAY CIRCLE
NEW SMYRNA BEACH FL 32168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1999

5. FEI Number

59-3581507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SVOBODA, ROBERT L	31 FAIRWAY CIRCLE	NEW SMYRNA BEACH FL 32168
SD	SVOBODA, DONNA H	31 FAIRWAY CIRCLE	NEW SMYRNA BEACH FL 32168
VP	ALESSANDRI, JUDITH A	42504 LAKE SUCCESS DRIVE	NORTHVILLE MI 48167
T	SVOBODA, ROBERT L JR.	329 MOROSS	GROSSE POINTE MI 48236

500024252835
10/29/03--01053--004 ***1.25

8. Name and Address of Current Registered Agent

F&L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240

9. Name and Address of New Registered Agent

Name

Robert L. Svoboda

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

31 Fairway Circle

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert L. Svoboda

REGISTERED AGENT MUST SIGN

Date Oct 24 2003

11. 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:

Robert L. Svoboda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 24 2003
Date Daytime Phone #

CR20040 (7/03)

DonnaDale Freedom Foundation, Inc.
31 Fairway Circle
New Smyrna Beach, FL 32168

October 21, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

As the President of the DonnaDale Freedom Foundation, Inc. (Document # N99000002857) I am writing to you and certify under penalties of perjury that I did not receive a the original or second request for filing of the Uniform Business Report for 2003. Apparently, the registered agent did not know to send me the form to complete and mail on or before May 1, 2003.

Accordingly, I respectfully request that the reinstatement fee in the amount of \$175 be waived.

I have enclosed the reinstatement application along with the payment of the \$61.25 annual report fee as required.

Thank you for your attention to this matter.

Sincerely,



Robert L. Svoboda
President