

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000016911

1. Corporation Name

FREEDPORT NETWORK, INC.

Principal Place of Business

1272 HARBOR ROAD
GREEN COVE SPRINGS FL 32043

Mailing Address

POST OFFICE BOX 302
GREEN COVE SPRINGS FL 32043

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

5. FEI Number 010553563

~~010553563~~

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status



FILED

02 FEB -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/20/01 90128 038'SSO

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Alan J. Phillips 5947 Early Harvest Ct. Orange Park, FL 32063		900004915289--6 -02/13/02--01065--015 ****208.75 ****208.75
			900004915289--6 -02/13/02--01065--016 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

PHILLIPS, ALAN J
5947 EARLY HARVEST COURT
ORANGE PARK FL 32073

REINSTATEMENT

01-02

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Alan J. Phillips
REGISTERED AGENT MUST SIGN

Date 12-14-01

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:

Alan J. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-01 904-284-0284
Date Daytime Phone #