

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 APR 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081077

1. Corporation Name

FREEDOM INVESTMENTS OF NORTH
FLORIDA INC.

2. Principal Office Address

7800 POINTE MEADOWS DR.

Suite, Apt. #, etc.

927

City & State

JACKSONVILLE FLORIDA

Zip

32256

Country

U.S.

3. Mailing Office Address

7800 POINTE MEADOWS DR.

Suite, Apt. #, etc.

927

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3667858

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

THOMAS L. TURNER

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

7800 POINTE MEADOWS DR.

Suite, Apt. #, Etc.

927

City

JACKSONVILLE FL

State

FL

Zip Code

32256

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

THOMAS L. TURNER
REGISTERED AGENT MUST SIGN

Date

4/23/02

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

PRESIDENT

THOMAS L. TURNER

7800 POINTE MEADOWS DR.

JAX, FL. 32256

4/25/02

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:

THOMAS L. TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/02

Daytime Phone #

901 465 5940

CR2E081 (9/01)

To Whom It May Concern,

I am enclosing a check for \$350.00 to reinstate Freedom Investments of North Florida Inc. I never Received a my annual report, it possibly went to the old address (Freedom Crossing Trail # 1606, Jax. FL, 32256). The following is currently my business address located @ 7800 Pointe Meadows Dr. Apt # 927 Jacksonville, Florida. 32256 .

Hopefully this will help us in the future
Thanks for your cooperation

Sincerely,

Thomas Turner
Freedom Investments of N FL, Inc.
Document #P00000081077