

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P00000100607

02 MAR 27 PM 1:13

1. Corporation Name

FREEDOM INFORMATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

3715 S. LAKE DRIVE  
BOYNTON BEACH FL 33435

3715 S. LAKE DRIVE  
BOYNTON BEACH FL 33435

REINSTATEMENT 01-02



04/12/01 90061 046 1502

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1056137

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
P	Laurence Ward	3715 S. Lake Dr Boynton Beach FL 33435	Boynton Beach FL 33435
			900004768729--9 -01/11/02--01032--001 ****750.00 ****750.00
			00-02
			REINSTATEMENT
			JB up

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, LAWRENCE D  
3715 S. LAKE DRIVE  
BOYNTON BEACH FL 33435

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

Laurence D. Ward

REGISTERED AGENT MUST SIGN

Date

3-18-02

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)(l), 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:

Laurence D. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-01 561 723 4707