

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 17 AM 9:02

DOCUMENT # P00000106145

1. Corporation Name

FREEDOM MORTGAGE, INC.

Principal Place of Business

6289 W SUNRISE BLVD
262
SUNRISE FL 33313

Mailing Address

3138 SW 14 STREET
FT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

6289 W. SUNRISE BLVD

Suite, Apt. #, etc.

122

City & State
SUNRISE

Zip
33313

Country
U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2000

5. FEI Number

65-1069820

Applied For

Not Applicable

6.

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
PD	DAS, VICTOR N	6589 W SUNRISE BLVD STE 262	SUNRISE FL 33313

8. Name and Address of Current Registered Agent

MYERS, PEG CPA
9501 SEAGRAPE DR #104
FT LAUDERDALE FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Victor N. Das

Date

10-13-03

REGISTERED AGENT MUST SIGN

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:

Victor N. Das
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

CR20040 (7/03)

FREEDOM MORTGAGE INC
6289 W SUNRISE BLVD. STE 122
SUNRISE, FL 33313

THE CORPORATION UBR NOTICES THAT WAS SENT TO ME WAS NOT RECEIVED AND I AM
ASKING FOR THE FEE TO BE WAIVED. PLEASE RE-INSTATE MY CORPORATION AND MAKE THE
NECESSARY CHANGES ON MY ADDRESS.



PRESIDENT

10-13-03

DATE