

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 21 AM 12:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000048607**

1. Corporation Name

Freedom FMA, Inc.

2. Principal Office Address - No P.O. Box #

789 Crandon Blvd

Suite, Apt. #, etc.

901

City & State

Key Biscayne, FL

Zip

Country

33149

USA

3. Mailing Office Address

170 Hampton Ln.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

Country

33149

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-2001

5. FEI Number

46-1508968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Limited Agent Services, LLC

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

175 SW 7th St. Suite 2410

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

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

REGISTERED AGENT MUST SIGN

Date

12-6-2012

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
Director	Fabrizio Acquaviva	170 Hampton Ln Key Biscayne, FL 33149	Key Biscayne, FL 33149

10. E-mail Address: **JFA@ME.COM**

(To be used for future annual report notification)

DEC 21 2012

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., and that all taxes owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/12

Date

Daytime Phone #

D. BUTLER