


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 25 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054672
1. Corporation Name
Freedom Auto Glass

REINSTATEMENT 02-56

CR2E081 (12/05)

2. Principal Office Address 317 Benschop St. Suite, Apt. #, etc.		3. Mailing Office Address 317 Benschop St. Suite, Apt. #, etc.	
City & State Sebastian, FL		City & State Sebastian, FL	
Zip 32958	Country USA	Zip 32958	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/4/01	
5. FEI Number 651112832	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Fernando Munera	
Street Address (P.O. Box Number is Not Acceptable) 317 Benschop St.	
Suite, Apt. #, Etc.	
City Sebastian	State FL
	Zip Code 32958

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 Fernando Munera Date 9/18/06
REGISTERED AGENT MUST SIGN

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
Officer	Fernando Munera	317 Benschop St.	Sebastian FL 32958

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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 contained in Chapter 119, 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:

Fernando Munera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Munera

Date

9/18/06 772-646-B 13
Daytime Phone #