

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 17 AM 11:50

DOCUMENT # P01000059081

1. Corporation Name

FREEDOM ENTERPRISE, AND ASSOCIATE INC.

Principal Place of Business

Mailing Address

445 S COUNTRY CLUB RD  
LAKE MARY FL 32746

445 S COUNTRY CLUB RD  
LAKE MARY FL 32746



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

100010196851  
01/17/03--01075--004 \*\*300.00

2. New Principal Office Address, If Applicable

5333 PEN AVENUE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5333 PEN AVENUE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/2001

5. FEI Number

31-1787146

Applied For

Not Applicable

City & State  
SANFORD, FL

City & State  
SANFORD, FL

Zip  
32773-9468

Country  
USA

Zip  
32773-9468

Country  
USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FOLLRATH, ANN	445 S COUNTRY CLUB RD	LAKE MARY FL 32746
DST	KING, H. LEE	445 S COUNTRY CLUB RD	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

FOLLRATH, ANN  
445 S COUNTRY CLUB RD  
LAKE MARY FL 32746

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

02

January 8, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Document #P01000059081  
Freedom Enterprise and Associate, Inc.

Dear Sirs:

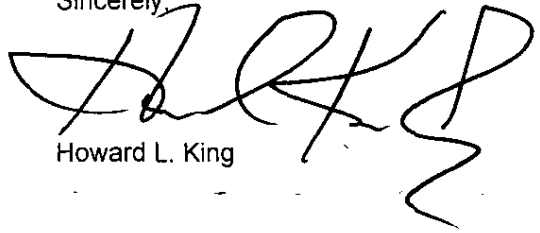
Enclosed you will find a check in the amount of \$300.00 which represents payment of the annual fee and an additional penalty for late filing.

Our corporation was formed in 2001 and we did not receive the annual reports via the mail in 2002. In October we received a notice of dissolution.

We would very much appreciate that you waive the penalty charges and accept our check in the amount of \$300.00 (the figure was provided by a representative of your office that we spoke with on the telephone).

We appreciate your understanding of our situation. Please note the Correct business mailing address on the Application for reinstatement.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'H. L. King'.

Howard L. King