

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn A. E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000060607**

1. Corporation Name

FREDA'S PLACE, INC.

Principal Place of Business

211 S.W. 27TH AVENUE
FT. LAUDERDALE FL 33312

Mailing Address

211 S.W. 27TH AVENUE
FT. LAUDERDALE FL 33312



REINSTATEMENT

83

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

65-1113876

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SWINTON, LORENZO	211 S.W. 27TH AVENUE	FT. LAUDERDALE FL 33312

800025164358
12/02/03--01060--014 **150.00

8. Name and Address of Current Registered Agent

HARRIGAN, CURTIS
2820 N W 23RD STREET
FT. LAUDERDALE FL 33311

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

Curtis Harrigan

REGISTERED AGENT MUST SIGN

Date

11/19/03

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:

LORENZO SWINTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

FREDA'S PLACE
211 SW 27th Avenue
Fort Lauderdale, FL 33312
(954) 316-1344

November 19, 2003

Secretary of State
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

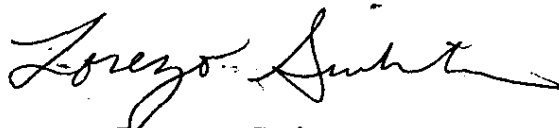
Re: Corporation #P01000060607

I refer to a recent telephone conversation with a member of your staff regarding the Uniform Report for the above mentioned Corporation.

I hereby ask that you revoke the Notice Administrative Dissolution issued on Freda's Place. We did not receive the Uniform Business Report for 2003, and that is the only reason the fees were not paid.

Enclosed is the check for One Hundred Fifty Dollars

Respectfully yours,



Lorenzo Swinton

61 4300
11/19/03