


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

02 NOV -1 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000117962**

1. Corporation Name

**CAREER FREEDOM GROUP, INC.**

2. Principal Office Address

**13859 HARBOR CREEK PL**

Suite, Apt. #, etc.

3. Mailing Office Address

**13859 HARBOR CREEK PL**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32224**

Country

**USA**

Zip

**32224**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/12/2001**

5. FEI Number

**02-0533574**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**CHARLES A. NEIGHBORS**

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

**13859 HARBOR CREEK PL**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State  
**FL**

Zip Code

**32224**

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

*Charles A. Neighbors*  
REGISTERED AGENT MUST SIGN

Date **10/28/02**

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
D	CHARLES A. NEIGHBORS	13859 HARBOR CREEK PL	JACKSONVILLE FL 32224
D	BOBBIE J. NEIGHBORS	13859 HARBOR CREEK PL	JACKSONVILLE FL 32224

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 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:

*Charles A. Neighbors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES A. NEIGHBORS**

Date

**10/28/02**

Daytime Phone #

**904-821-4341**

CR2E081 (9/01)

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**Career Freedom Group, Inc.**  
13859 Harbor Creek Place  
Jacksonville FL 32224

October 28, 2002

Division of Corporations  
PO Box 6327  
Tallahassee FL 32314-6327

Dear Division of Corporations:

This letter is to state that the named corporation, Career Freedom Group, Inc. did not receive any letters or notices to submit there annual reports/uniform business reports. There was a change of address made for this corporation and the address was not changed with your office and not all mail was able to be forwarded to the new address. We have indicated on the Application for Reinstatement the new address and will make sure all reports are filled on time from this point on.

Thank You,



Charles A. Neighbors  
Director