

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 24 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011936

1. Corporation Name

FREE CRUISE CORPORATION

Principal Place of Business

309 S CHASE COURT
ALTAMONTE SPRINGS FL 32714

Mailing Address

309 S CHASE COURT
ALTAMONTE SPRINGS FL 32714

RA



REINSTATEMENT 2003

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

02/01/2002

5. FEI Number

☒ 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
PD	MURPHY, JONATHAN R	309 S CHASE COURT	ALTAMONTE SPRINGS FL 32714
D	RIPPARD, WILLIAM H	480 N ORLANDO AVE #218	WINTER PARK FL 32789

800024064628
10/24/03--01014--011 **750.00

8. Name and Address of Current Registered Agent

RIPPARD, WILLIAM H
480 N ORLANDO AVE #218
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

MURPHY, JONATHAN R

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

309 S. CHASE COURT

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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
REGISTERED AGENT MUST SIGN

Date 10/21/2003

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

10/21/2003

Date

407-496-3429

Daytime Phone #

CR20040 (7/03)