

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 15 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000027092

1. Corporation Name

FREEDOM MEDIA GROUP, INC.

2. Principal Office Address

1712 N. Bayshore Dr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

12864 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 325

City & State

N. Miami, FL

Zip

33181

Country

USA

100024257581
10/23/03--01067--006 **1500.004. Date Incorporated or Qualified
To Do Business in Florida

3/11/2002

5. FEI Number

45-0471825

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

ALAN W. SORTER

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

12864 BISCAYNE BLVD,

Suite, Apt. #, Etc.

SUITE 325

City

North Miami, FL

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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
2SD	ALAN W. SORTER	12864 BISCAYNE BLVD, SUITE 325	NORTH MIAMI, FL 33181

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Telephone Phone #

(323) 333-3779

CR2E181 19/011