PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 27 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038916

1. Corporation Name

FREEDOM TOURS, INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7400 INTERNATIONAL DR | |
| Suite, Apt. #, etc.: STE 1105 | Suite, Apt. #, etc. |
| City & State: ORLANDO, FL | City & State |
| Zip: 32819 Country: ORANGE | Zip Country |

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida: 04-10-02

5. FEI Number: 02-0581222 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: SELMA GRESPAN VAZ DE SOUSA

Street Address (P.O. Box Number is Not Acceptable): 10218 NEWINGTON DR

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32866

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0503, F.S.

Signature of Registered Agent: Selma G. V. de Sousa Date:

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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 |
|---|---|---|---|
| P | SELMA GRESPAN V. SOUSA | 10218 NEWINGTON DR | ORLANDO, FL 32866 |
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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: Selma G. V. de Sousa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300..00 for the annual report fee with my application.

Please be advise that we moved to 7400 INTERNATIONAL DR - STE 1105- ORLANDO FL 32819 and we did not receive the U.B.R. for the years 2003 & 2004 or any other notice from the Division of Corporations in respect with the Corporation **FREEDOM TOURS, INC**

Thank you for your courtesy in this matter.

**SELMA G VAZ DE SOUSA**
**PRESIDENT**