

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000038916

1. Corporation Name

FREEDOM TOURS, INC

2. Principal Office Address

7400 INTERNATIONAL DR

Suite, Apt. #, etc.

STE 1105

City & State

ORLANDO, FL

Zip

32819

County

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 ☐

\$6.75 additional fee required
if Florida Certificate 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 607.0401, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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

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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JUL 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

08/17/04

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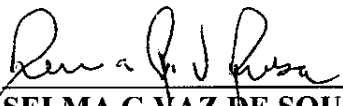
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

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