

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122515

1. Corporation Name

FREED INC  
P O BOX 960098  
MIAMI FL 33296

2. Principal Office Address

P O BOX 960098

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33296

Country

MIAMI-0008

3. Mailing Office Address

P O BOX 960098

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33296

Country

MIAMI-0008

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/02

5. FEI Number

35-2195512

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

LILIANA Q FLOR

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

7700 SW 155 PLACE

Suite, Apt. #, Etc.

UNIT 52

City

MIAMI

State

FL

Zip Code

33193

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

[Signature]

Date

11/8/04

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
<u>P</u>	<u>LILIANA Q FLOR</u>	<u>P O BOX 960098</u>	<u>MIAMI FL 33296</u>
<u>VP</u>	<u>DAVID FLOR</u>	<u>P O BOX 960098</u>	<u>MIAMI FL 33296</u>

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

LILIANA Q FLOR - PRES

Date

Daytime Phone #

11/8/04 305.408.6412

CR2E001 (01/04)

**FRELD INC  
P O BOX 960098  
MIAMI FL 33296**

November 8, 2004

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

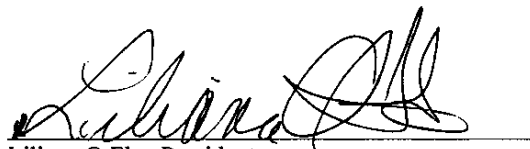
Re: 2003-4 UBR Reports  
Doc# P02000122515

Dear State Representative:

Please allow this letter to serve as a statement that we never received our 2003 or 2004 UBR Report. As soon as we realized that we were late in our filing we downloaded the reinstatement form and we are sending you a check in the amount of \$300 in order to bring our account up-to-date.

At this time, we are requesting an abatement of penalties in regards to this matter. Thank you in advance for your understanding and cooperation . If you have any further questions in regards to the above please feel free to contact us.

Sincerely,



Liliana Q Flor-President

Enclosure