

2004


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -7 PM 1:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000124521

1. Corporation Name

QUINN DISTRIBUTING, INC. FREEDOM ENTERPRISES

2. Principal Office Address

17029 S DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33157

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

35-2220247

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

MARCUS P. QUINN

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

17029 S DIXIE HWY

000038915530

07/09/04--01012--003 **150.00

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

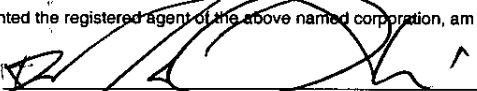
State

FL

Zip Code

33157

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

Date 06/14/2004

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
PRES	MARCUS P. QUINN	17029 S DIXIE HWY	MIAMI, FL 33157

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/2004 (305)378-4425

Date

Daytime Phone #

CR2E081 (10/02)

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**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
QUINN DISTRIBUTING INC.
FREEDOM ENTERPRISES
DOCUMENT # P03000124521**

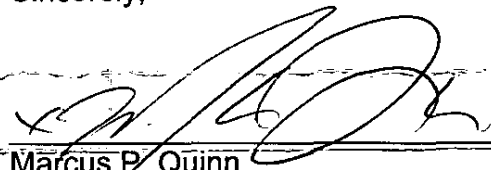
Jun 14, 2004

To Whom It May Concern:

I am sending this letter to explain the reason why I did not send to you the form applied for the annual report for the year 2004 , because I never received the form required.

If you have any question do not hesitate to contact me at (305) 378-4425

Sincerely,



Marcus P. Quinn
President