

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P04000018295

1. Corporation Name

Freedom Landscape & Lawn Maintenance, Inc.

2. Principal Office Address - No P.O. Box #

313 ARLINGTON RD N

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 43697

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

City & State

JACKSONVILLE, FL

Zip

32203

Country

USA

REINSTATEMENT *06-08^{KS}*

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
20-1411091

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

HANAN FUR'QAN

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

313 ARLINGTON RD N

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Hanan Fur'qan
REGISTERED AGENT MUST SIGN

Date **2/11/08**

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/T	Zakee Fur'qan	313 ARLINGTON RD N	JACKSONVILLE, FL, 32211
VP/S	Hanan Fur'qan	313 ARLINGTON RD N	JACKSONVILLE, FL, 32211

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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 contained in Chapter 119, 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:

Hanan Fur'qan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

904-651-1444

Daytime Phone #