

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -7 AM 11:46

CR2E081 (12/08)

DOCUMENT # P04000155487

1. Corporation Name

Freegums, Inc.

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

419 NE 19th Street

Suite, Apt. #, etc.

302

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

419 NE 19th Street

Suite, Apt. #, etc.

302

City & State

Miami, FL

Zip

33132

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/2004

5. FEI Number  
20-1875346

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  
Alvaro Ilizarbe

Street Address (P.O. Box Number is Not Acceptable)  
419 NE 19th Street

Suite, Apt. #, Etc.  
302

City  
Miami

State  
FL

Zip Code  
33132

☒ 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

REGISTERED AGENT MUST SIGN

Date 6/27/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Alvaro Ilizarbe                      | 419 NE 19th Street                                | Miami, FL 33132    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

B 7/15/09

REINSTATEMENT 06-09

800158216088  
07/07/09-01032-020 \*\*608.75

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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/09

Date

305-970-1947

Daytime Phone #