

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000137554

1. Corporation Name

FREEDOM9 CORP.

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

13575, 58th Street N.

Suite, Apt. #, etc.

SUITE 200

City & State

CLEARWATER, FL

Zip

33760

Country

USA

3. Mailing Office Address

13575 58th Street N.

Suite, Apt. #, etc.

SUITE 200

City & State

CLEARWATER, FL

Zip

33760

Country

USA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 07/2005

5. FEI Number

20-3836799

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

SCOTT BARRETT

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

13575, 58th STREET N.

Suite, Apt. #, Etc.

SUITE 200

City

CLEARWATER

State

FL

Zip Code

33760

☒ 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

12/5/8

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
PSD	SCOTT BARRETT	13575, 58 th Street N. Suite 200, CLEARWATER, FL	33760

970139064189
12/16/08--01029--010 **450.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/8

Daytime Phone #

888-998-9189 x325

202

December 02, 2008

To:

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL
32301
Tel: 850-245-6059

Re: Reinstatement of Freedom9 Corp document # P05000137554

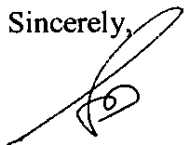
Dear Officer:

Enclosed please find a fee of \$450 dollars for reinstating Freedom9 Corp.

We did not receive the annual report notices in the year 2006 or 2007. We request you to please waive the fees for reinstatement accordingly.

Thank you

Sincerely,



FREEDOM9 CORP
SCOTT BARRETT
13575 58th STREET NORTH, SUITE 200
CLEARWATER
FL 33760
Fax: 905-501-9951