PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Por Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN 10 PM 3:28 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TATIAHASSEE, FLORIDA FREED INTERNATIONAL, INC Principal Place of Business Mailing Address 2751 SE MONROE STREET STUART, FLORIDA If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WHITE IN THIS SPACE 3. New Mailing Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address. If Applicable. SAME AS ABOVE SAME AS ABOVE 1993 Suite, Apt. #, etc Suite, Apt. #, etc 5. FEI Number Applied For, City & State City & State Not Applicable 75-2294902 Country Country for a Certificate of Status | MARTIN 7. Names and Street Addresses of £ ach Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) PRES JERRY R. FREED 2751 SE MONROE STREET STUART, FLORIDA 34997 STUART, FLORIDA 34997 9. Name and Address of New Registered Age 8. Name and Address of Current Registered Agent Name JERRY R. FREED
Street Address (P.O. Box Number is Not Acceptable) 2751 SE MONROE STREET STUART, FLORIDA 34997 State Zip Code fith and accept the obligations of Section 607.0505, F.S. 10 I, being appointed the registered agent of the above ria Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. ed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I re-ability of non-coordinance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I received of these embowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing absolution has been similarled, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all and The information precated on this application is true and accurate, and my signature shall have the same legal effect as if made 12. I do hereby certify that the informali tease the Division of Corporations f for or thi this reinstatement application th fees owed by the corporation hunder oath. SIGNATURE: (561) 288-7200

SIGNING OFFICER OR DIRECTOR