PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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## **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

### **DOCUMENT #**

# P94000004437

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name FREEDOM ENTERTAINMENT CORPORATION Principal Place of Business Mailing Address 3691 SR 580 3691 SR 580 STE H STE H OLDSMAR FL 34677 OLDSMAR FL 34677 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/13/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-5456020 City & State City & State Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 5770 ROOSEVELT BLVD. #500 D JOHNSON, KEITH R **CLEARWATER FL 34620** BERKINS, MIKE <del>5770 ROOSEVELT BLVD. #500</del> **CLEARWATER FL 34620** 900003087509--1 -01/04/00--01063--021 \*\*\*\*758.00 \*\*\*\*758.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name JOHNSON, KEITH R Street Address (P.O. Box Number is Not Acceptable) 5770 ROOSEVELT BLVD. SUITE 500 .... Suite, Apt. #, Etc. CLEARWATER FL 34620 Zip Code City State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGAINT MUST SIGN 11. 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 filling 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