

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JUN 29 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 23913

1. Corporation Name

NEW FREEDOM, INC.

2. Principal Office Address

416 BURNS COURT

Suite, Apt. #, etc.

3. Mailing Office Address

416 BURNS COURT

Suite, Apt. #, etc.

City & State

SARASOTA, Florida

Zip

34236

Country

SARASOTA

City & State

SARASOTA, Florida

Zip

34236

Country

SARASOTA

**REINSTATEMENT**

96-01

4. Date Incorporated or Qualified To Do Business in Florida

03/24/94

5. FEI Number

65-0602718

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

William Dolan

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

416 BURNS COURT

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

300004460959-3

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\*\*\*1508.75 \*\*\*1508.75

LS

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date JUNE 2001

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
CSTD	SAMUEL S. DUFFEY	416 BURNS COURT	SARASOTA, FL 34236
PD	STEPHEN A. MICHAEL	4400 INDEPENDENCE CT.	SARASOTA, FL 34234

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 under section 119.07(3)(i), 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]* STEPHEN A. MICHAEL, President 954 4536  
Date 6-26-01 941-~~200~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)