PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 OCT 15 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000050185

1. Corporation Name
FREEDOM AGJ, INC.

200024257572
10/29/03--01067--006 **1500.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1717 N. Bayshore Dr.	12864 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 325
City & State: Miami, FL	City & State: N. Miami, FL
Zip: 33132 Country: USA	Zip: 33181 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/95

5. FEI Number: 65-0594776 ☐ 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: ALAN W. SORTER

Street Address (P.O. Box Number is Not Acceptable): 12864 BISCAYNE BLVD., SUITE 325

Suite, Apt. #, Etc.:

City: NORTH MIAMI, FL State: FL Zip Code: 33181

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: A W Sorter
REGISTERED AGENT MUST SIGN

Date: 10/10/03

CR2E081 (9/01)

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
PD	ALAN W. SORTER	12864 BISCAYNE BLVD. SUITE 325, N. MIAMI, FL	33181
VSD	GREGORY J. HUSKISSON	29 SYCAMORE COURT	
		CALUMET CITY, IL	60409

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: A W Sorter / ALAN W. SORTER / PRESIDENT 10/10/03 (323) 333-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #