PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -9 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069130**

1. Corporation Name

R & J FREEDOM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3900 ATLANTIC BLVD JACKSONVILLE FL 32202	3900 ATLANTIC BLVD JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc. P.O. Box 28911

City & State Jacksonville FL

Zip 32226-8911 | Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 09/08/1995

5. FEI Number 59-3254851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Jevon C. Shannon	3900 Atlantic BLVD	JAX, FL 32202
Vice-Pres.	Ruth R. Shannon	3900 Atlantic BLVD	JAX, FL 32202
Secretary	Jevon C. Shannon	3900 Atlantic BLVD	JAX, FL 32202
Treasurer	Jevon C. Shannon	3900 Atlantic BLVD	JAX, FL 32202

JBA-9-97

8. Name and Address of Current Registered Agent

GREGORY, RODNEY G ESQ
3900 ATLANTIC BLVD
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

900002057419---1
-01/14/97--01141--005
****375.00 ****375.00

CR2E040 (7/96)

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 [signature] REGISTERED AGENT MUST SIGN

Date 12/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: Jevon C. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/26/96 Daytime Phone # 904-751-5367

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