

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FL000059101

1. Corporation Name

Freedom Medical Holding Group Inc

Principal Place of Business

Mailing Address

1001 West Cypress Creek Rd. Suite #414
Fort Lauderdale, FL 33309

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

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

City & State

Zip

Country

Broward

Zip

Country

REINSTATEMENT 08

4. Date Incorporated or Qualified
To Do Business In Florida

7/12/96

5. FEI Number

65-0681876

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	FLOYD D WILKENS	11751 SW 1st St Plantation	33325
V. Pres/Sec Treas	DAVID A HARROD	9858 Glades Rd #170	Boca Raton 33434

~~4000002687544~~

~~-11/16/98-01002-012~~

~~****758.75 ****758.75~~

W.D.
FD-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLOYD D WILKENS
11751 SW 1st St
Plantation FL 33325

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11/3/98

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)(f), 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:

DAVID A HARROD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/98

Date

954

771 9194

Daytime Phone #

CR2E040 (12/95)