

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # P96000065088

1. Corporation Name

Free Style Business Florida Corp.

4000005293964--8
-04/18/02--01078--011
***1050.00 ***1050.00

2. Principal Office Address

12145 SW 4th Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

33025

Country

USA

Zip

33025

Country

USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

08-19-1996

5. FEI Number

65-0691507

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

Paulo Luchesi

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

12145 SW 4th Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

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

Paulo Luchesi

Date 3/29/2002

REGISTERED AGENT MUST SIGN

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
P	Paulo Luchesi	12145 SW 4th St P. Pines FL 33025	Pembroke Pines FL 33025

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2002 951-453-9676

Date

Daytime Phone #

CR2E081 (9/01)