

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

1997

-FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 28 PM 4:24

# 10/27

DOCUMENT # P96000097983

1. Corporation Name

FREEDOM MANAGEMENT GROUP, INC.

Principal Place of Business

1101 N.W. 5TH AVENUE  
DELRAY BEACH FL 33444

Mailing Address

1101 N.W. 5TH AVENUE  
DELRAY BEACH FL 33444



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0713562

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<del>PSD</del>	<del>RUSSELL, JAMES D</del>	1101 N.W. 5TH AVENUE	DELRAY BEACH FL 33444
PSD	RUSSELL LAWRENCE	1101 NW 5TH AVE	Delray Beach FL 33444
			2000002338092-4 -11/04/97--01087--019 ****585.00 ****585.00
			2000002338092-4 -11/04/97--01087--020 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

~~RUSSELL, JAMES D~~ Russell James, D  
1101 N.W. 5TH AVENUE  
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name  
Lawrence D Russell  
Street Address (P.O. Box Number is Not Acceptable)  
1101 NW 5TH AVE  
Suite, Apt. #, Etc.

City  
Delray Beach

State  
FL

Zip Code  
33444

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

Daytime Phone #

278-0988

561-24