PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ACCEPTED AND FILED

03 JUL -9 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900021998849
08/04/03--01006--007 **1200.00

REINSTATEMENT 00-03

DOCUMENT # P98000009144

1. Corporation Name
FREE LANCE ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
8737 WHITE IBIS COURT	590 PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5TH FLOOR EAST
City & State ORLANDO FL	City & State NEW YORK NY
Zip 32836 Country USA	Zip 10017 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/27/1998

5. FEI Number 59-3499053 ☐ 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: James L. Bass

Street Address (P.O. Box Number is Not Acceptable): 8737 White Ibis Court

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32836

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: [signature] Date: 7-3-03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
Pres.	James L. Bass	8737 WHITE IBIS COURT	ORLANDO, FL 32836
VP	Diane Bass	104 W. EASTHAVEN CIRCLE	BRANDON MS 39042
Sec.	Stacey Lofton	102 W. EASTHAVEN CIRCLE	BRANDON MS 39042
Treas.	James Bass	104 W. EASTHAVEN CIRCLE	BRANDON MS 39042

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: [signature] 7-3-03 2129078000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #