
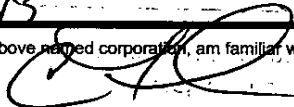
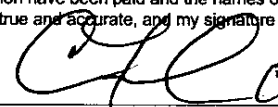


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA0000098431</u>			
1. Corporation Name <u>Freeland Holdings Inc.</u>			
2. Principal Office Address <u>9451 Cypress Lake Dr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>9451 Cypress Lake Dr.</u> Suite, Apt. #, etc.	
City & State <u>Ft. Myers FL</u>		City & State <u>Ft. Myers FL</u>	
Zip <u>33919</u>	Country <u>USA</u>	Zip <u>33919</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>11-19-1998</u>		5. FEI Number <u>050880472</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Christopher G. Freeland</u>		100042197611 10/26/04 01007 018 **908 75	
Street Address (P.O. Box Number is Not Acceptable) <u>917 Cypress Lake Cir.</u>		100042197611 03/15/05--01002--021 **141 25	
Suite, Apt. #, Etc.			
City <u>Ft. Myers</u>		State <u>FL</u>	Zip Code <u>33919</u>
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 		Date <u>2/28/05</u>	
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
PD	<u>Christopher G. Freeland</u>	<u>917 Cypress Lake Cir.</u>	<u>Ft. Myers FL 33919</u>
SD	<u>Bernard G. Freeland</u>	<u>56 Center St.</u>	<u>Naples FL 34108</u>
CD	<u>George T. Freeland</u>	<u>4830 Giffin Blvd</u>	<u>Ft. Myers FL 33908</u>
REINSTATEMENT <u>03-05</u>			
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: 		Date <u>2/28/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Christopher G. Freeland</u>		Daytime Phone # <u>239-454-0729</u>	

FILED
05 MAR 14 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/05)