

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000000684**

01 OCT 19 PM 1:05

1. Corporation Name

FREEWAY CARRIER, INC.

Principal Place of Business

Mailing Address

9365 CARLYLE AVENUE
 SURFSIDE FL 33154

9365 CARLYLE AVENUE
 SURFSIDE FL 33154



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 01/05/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0884729	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
PS/D	AVRAMON, YAKOV	9365 CARLYLE AVENUE	SURFSIDE FL 33154
8 P	AURAMON, DEVORAH	9365 CARLYLE AVE	SURFSIDE FL 33154

000004670910-1
 -11/07/01--01054--010
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AVRAMON, YAKON 9365 CARLMLE AVE SURFSIDE FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 REQUIRED** _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: *Debbie Avramov* **SIGNATURE REQUIRED** _____ Date 10/11/01 Daytime Phone # 305-864-0841

CR2E040 (8/01)

Freeway Carrier, Inc.
9365 Carlyle Avenue
Surfside, FL 33154

October 11, 2001

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

RE: Annual Report – Freeway Carrier, Inc.
Acct: 99000000684

It has come to my attention that my original annual report which was due May 1, 2001 was never delivered to my office. I did not realize this fact until I received this notice of dissolution. Please accept my payment of \$150.00 and waive the late fee. Thank you in advance for your consideration.

Yours truly,

Devorah Avramov President