

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000069158

1. Corporation Name

TRUTH & FREEDOM, INC.

Principal Place of Business

Mailing Address

2760 NEW YORK STREET
W. MELBOURNE FL 32904

2760 NEW YORK STREET
W. MELBOURNE FL 32904

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

59-3591193

Applied For

Not Applicable

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DPST | VOTAVA, ROBERT | 2760 NEW YORK STREET | W. MELBOURNE FL 32904 |
| VPD | VOTANA, ANDREW | 2760 NEW YORK STREET | MELBOURNE FL 32904 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

VOTAVA, ROBERT
2760 NEW YORK STREET
W. MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert L. Volava
REGISTERED AGENT MUST SIGN

Date 11-10-01

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:

Robert L. Volava
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2002 321-725-7105
Date Daytime Phone #

CR2E040 (8/01)

December 20, 2001

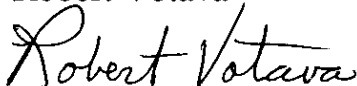
Truth & Freedom, Inc.
2760 New York Street
W. Melbourne FL 32904

SUBJECT: Truth & Freedom, Inc.
Ref. Number P99000069158

Dear Mr. Dunlap,

In reference to your letter of December 3, 2001, I would like to state that I did not receive the notification to pay uniform taxes on Truth & Freedom, Inc. for the year 2001.

Robert Votava



President

Truth & Freedom, Inc.

2001 UNIFORM BUSINESS REPORT (UBR)

01/02

102

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 JAN 17 PM 2:04

DOCUMENT # PP0000067928
1. Entity Name
J. Brahmawari, M.D., P.A.

Principal Place of Business 10575 NW 43rd Terr.
Miami, FL 33178
Mailing Address 10575 NW 43rd Terr.
Miami, FL 33178

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip **Country**

4. FEI Number 65-0935292
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Brahmawari, Just
10575 NW 43rd Terrace
Miami, FL 33178

7. Name and Address of New Registered Agent
Name Brahmawari, Just
Street Address (P.O. Box Number is Not Acceptable)
10575 NW 43rd Terrace
City Miami **FL** **Zip Code** 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------|--|
| TITLE | <input type="checkbox"/> Delete | |
| NAME | Brahmawari, Just | |
| STREET ADDRESS | 10575 NW 43rd Terrace | |
| CITY-ST-ZIP | Miami, FL 33178 | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Just Brahmawari | |
| STREET ADDRESS | 10575 NW 43rd Terrace | |
| CITY-ST-ZIP | Miami, FL 33178 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. h. lls **12-19-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/00)

2002

Just Brahmatewari, M.D., P.A.
10465 NW 43rd Terrace
Miami, FL 33178-2253655

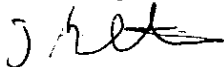
December 17, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I recently was notified by my accountant that my Corporation was not in good standing with the State. I did not know that there was a problem because I have not received any Uniform Business Reports over the past year and was unaware of the requirements needed. I contacted your office and spoke to one of your representatives who asked that I fill out the form found on your internet website and send in a fee of \$150 in order to be reinstated. Furthermore, she explained that any late fees incurred would be waived. If you should have any questions or need additional information, please do not hesitate to contact me at (305) 532-3186.

Sincerely,



Just Brahmatewari, M.D., P.A.