

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Matthew R. Hanks
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -9 PM 3:20

DOCUMENT # P99000106147

1. Corporation Name

Freeport Group, Inc.

2. Principal Office Address

6851 NW 107th CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country
DADE
County

3. Mailing Office Address

6851 NW 107th CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-6-99

5. FEI Number

65-0815589

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

JUAN CARVAJAL

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

6851 NW 107th CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

Juan Carvajal
REGISTERED AGENT MUST SIGN

Date 12-26-00

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.	JUAN G. CARVAJAL	6851 NW 107 th CT	MIAMI, FL 33178

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:

Juan Carvajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-00

Date

305-468-92-73

Daytime Phone #

CR2E081 (9/99)

December 28, 2000.

Re: P99000106147 / Freeport Group, Inc.

To Whom it May Concern:


We sent you a letter in January of this year asking you to record our address change (see enclosed).

Because this was not done we never received our mail.

I cannot believe we have to pay \$750.00.

We are sending a check for \$150.00 which is the fee we should have paid if notified. If you cannot renew our corporation with this fee please send our check back and we will gladly let the entity stay dissolved.

Thank you.


Juan G. Carvajal, President
Freeport Group, Inc.