


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F86660

1. Corporation Name
FREEDOM FORD, INC.

Principal Place of Business Mailing Address

~~5401 E. INDEPENDENCE BLVD.~~ ~~5401 E. INDEPENDENCE BLVD.~~
~~CHARLOTTE NC 28212~~ ~~CHARLOTTE NC 28212~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **24825 U.S. HIGHWAY 19N**
 Suite, Apt. #, etc.


3. New Mailing Office Address, If Applicable **24825 U.S. HIGHWAY 19N**
 Suite, Apt. #, etc.

City & State **CLEARWATER, FLORIDA** City & State **CLEARWATER, FLORIDA**
 Zip **33763** Country **USA** Zip **33763** Country **USA**

FILED

01 NOV 15 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **06/21/1982**

5. FEI Number **59-2214873** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SMITH, B. SCOTT	5401 E INDEPENDENCE BLVD	CHARLOTTE NC 28210 28212
S	COSS, STEPHEN K	5401 E. INDEPENDENCE BLVD.	CHARLOTTE NC 28212
also VD	WRIGHT, THEODORE M.	5401 E INDEPENDENCE BLVD	CHARLOTTE NC 28218 28212 CHARLOTTE
D	SMITH, O. BRUTON	5401 E. INDEPENDENCE BLVD.	CHARLOTTE NC 28212
AS/AT	BROWN, RICKY L.	4625 ALEXANDER DR, STG 140	ALPHARETTA, GA 30022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **100004693671--1**
 Suite, Apt. #, Etc. ~~11728/01--01074--013~~
******758.75 ****758.75**
 City State Zip Code
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 CONNIE BRYAN** Date **11/15/01**
 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: **SIGNATURE REQUIRED** **Stephen K. Coss** **11/13/01** **704-566-2420**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/01)

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Freedom Ford, Inc.

0

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> CUS |
| | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
 01 NOV 15 PM 12:06
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

11/15/01

Order#: 4915747

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615