


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731028

1. Corporation Name

INTERNATIONAL GOSPEL OUTREACH, INC.

Principal Place of Business

Mailing Address

712 SOUTH 9TH STREET
FT. PIERCE FL 34950

712 SOUTH 9TH STREET
FT. PIERCE FL 34950

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

11/01/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0173023

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VD	RABURN, JOEL W.	712 S. 9TH STREET	FT. PIERCE FL
PD	RABURN, ROBERT L.	712 S. 9TH STREET	FT. PIERCE FL
TD	RABURN, MERLE	712 S. 9TH STREET	FT. PIERCE FL
D	LAURSEN, CAREN	MORRISGATE #3-0000-ARMUS OSTEMARKSEUT 8381	DENMARK TILST DENMARK
			100003447701--7 11/01/00-0111--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RABURN, ROBERT L.
712 S. 9TH STREET
FT. PIERCE FL 33450

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. Raburn

Date 10-16-00

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.

KE

SIGNATURE:

MERLE RABURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00

CR2E040 (8/00)