

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

97 MAR 11 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 767450**

1. Corporation Name

**OMEGA OUTREACH MINISTRY, INC.**

Principal Place of Business

Mailing Address

436 NW 2ND AVE.  
GAINESVILLE FL 32601  
US

1307 N.W.43ST  
GAINESVILLE FL 32605

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/14/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2141985	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
PD	YOUNG, JAMES R.	1307 B.W. 43RD ST	GAINESVILLE FL
SD	COOPER, JEANETTE	COUNTY RD 2054, #36	GAINESVILLE FL
ASD	COOPER, RODNEY	COUNTY RD 2054, #36	GAINESVILLE FL
SMD	YOUNG, TABITHA T	724 SW 68TH TERR APT A	GAINESVILLE FL
SMD	Lakeidra D. Young	1307 NW 43rd St	Gainesville, FL

**REINSTATEMENT 96-97**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EDEWAARD, C. ROBERT 35 NO. MAIN ST., STE. 20 GAINESVILLE FL 32601		Name: Lakeidra D. Young Street Address (P.O. Box Number is Not Acceptable): 1307 NW 43 St Suite, Apt. #, Etc.: City: Gainesville State: FL Zip Code: 32605	

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: Lakeidra D. Young Date: 10-22-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: James R. Young James R. Young 10-21-96 3523723916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (7/96)