

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 767450

1. Corporation Name

OMEGA OUTREACH MINISTRY, INC.

WDD - 25501

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

1307 NW 43 st
Suite, Apt. #, etc.
Gainesville Florida
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32605 Country 419cbva

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1983

5. FEI Number

59-2141985

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
PD	YOUNG, JAMES R.	1307 B.W. 43RD ST	GAINESVILLE FL
SD	COOPER, JEANETTE	COUNTY RD 2054, #36	GAINESVILLE FL
VSD	COOPER, RODNEY	COUNTY RD 2054, #36	GAINESVILLE FL
5MD	YOUNG, LAKEIDRA D	1307 N.W. 43RD STREET	GAINESVILLE FL
SD	Frankie Young Scott	P.O. Box 2304	Gainesville FL 32602

8. Name and Address of Current Registered Agent

YOUNG, LAKEIDRA D
1307 N.W. 43 STREET
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003462916-0

-11/17/00--01074--006

***297.50 State ***297.50

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

James R. Young
REGISTERED AGENT MUST SIGN

Date

2/15/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Young
Date 2/15/00
Daytime Phone # 352 KE 1-500 3723916

FILED

00 NOV -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 99-00

CR2ED40 (8/99)