

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000003597

1. Corporation Name

OUT2.COM, INC.

Principal Place of Business

2090 PALM BEACH LAKE BLVD., SUITE 503
WEST PALM BEACH FL 33409

Mailing Address

2090 PALM BEACH LAKE BLVD., SUITE 503
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

~~500 Ocean Trail Way~~
Suite, Apt. #, etc. 102

City & State
Jupiter FL

Zip 33477 Country Palm Beach

3. New Mailing Office Address, If Applicable

~~500 Ocean Trail Way~~
Suite, Apt. #, etc. 102

City & State
Jupiter FL

Zip 33477 Country Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1999

5. FEI Number

65-0930318

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	LEONARD, ROBERT E	2090 PALM BEACH LAKE BLVD., SUITE 503 500 Ocean Trail Way #102	WEST PALM BEACH FL 33409 Jupiter FL 33477
D	FROOMKIN, MICHAEL	2090 PALM BEACH LAKE BLVD., SUITE 503 500 Ocean Trail Way #102	WEST PALM BEACH FL 33409 Jupiter FL 33477
D	ADAMS, WILLIAM	2090 PALM BEACH LAKE BLVD., SUITE 503 500 Ocean Trail Way #102	WEST PALM BEACH FL 33409 Jupiter FL 33477
S	BROWN, BARBARA	2090 PALM BEACH LAKE BLVD. #503	WEST PALM BEACH FL 33409
VP	SCHULMAN, HOWARD	2090 PALM BEACH LAKE BLVD. #503	WEST PALM BEACH FL 33409
S	Dick Hall	500 Ocean Trail Way #102	Jupiter FL 33477

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of above name corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

Date

11/21/2001

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

11/21/2001

Date

Daytime Phone #

561 371
4113