PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
	PLICATION FOR STATEMENT	DEPARTMENT OF STATE andra B. Mortham Secretary of State ISION OF CORPORATIONS		I			
DOCUMENT # M84656 1. Corporation Name					98 DEC -8 AM 11:55		
COMMUNITY OUTREACH PROGRAM, INC.					SECKETARY UF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address C/O ALLAN C. HILL 2477 STICKNEY POINT RD., STE. 311-8 SARASOTA FL 34231 SARASOTA F			C. HILL IEY POINT RD., STE, 311-8 -				
Suite, Apt. #, etc: Suite, Apt. #.			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/09/1988		
City & State City & State			ite#3218		5. FEI Number	65-0054544	Applied For Not Applicable
Zip			Country		CERTIFICATE	OF STATUS DESIRED [\$8.7	5 Additional Fee required or a Certificate of Status
7. Names a Title(s)	7. Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors 2			ida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zlp	
D	HILL, ALLAN C.		2477 STICKNEY PT. RD.		·	SARASOTA FL	
REINSTATEMENT 98:3 13.12/10/9							0/98
					8	<u>20002712</u> -12/14/980 ****750.00	1880 1135-001 ****750.00
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
2477 STICKNEY POINT RD.				Suite, Apt. #, Etc.	State 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 REGISTERED AGENT MUST SIGN Date 11/16/98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 for in chapter 607 or 617, F.S. I further certify that when filling 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.							

11/16/98 (941)923-4758

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR