

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

01-02UBR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DOCUMENT # N00000003706

1. Corporation Name

Y.C.D. Outreach, Inc.

2. Principal Office Address

556 W. Ave "A"  
Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 810  
Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

South Bay, FL

Zip

33430

Country

USA

Zip

33493

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

June 6, 2000

5. FEL Number

65-1015430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee Humphrey

100005192761-3

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

280 NW 7th Avenue

-04704702-01064-007

\*\*\*\*131.25 \*\*\*\*131.25

Suite, Apt. # Etc.

South Bay, FL 33430

City

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Lee A Humphrey  
REGISTERED AGENT MUST SIGN

Date

2/7/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Maggie Norwood	2050 NW 208th Street	Opa Locka, FL 33054
PD	Lee Humphrey	P.O. Box 810 N/A	South Bay, FL 33493
SD	Shirley Moorer	P.O. Box 503 N/A	Belle Glade, FL 33430
TD	Helen Moore	554 SE 3rd Street	Belle Glade, FL 33430
D	Vera Jordan	20510 NW 25th Ave.	Opa Locka, FL

AD

10. 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:

Lee A Humphrey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

Daytime Phone #

(561) 996-2351

CR2E081 (9/01)