Pagente

CORPORATION	FLORIDA DEPARTMENT OF STATE Secretary of State OMISION OF CORPORATIONS	FILED
DOCUMENT# 1. Corporation Name N 0000000 3834 Robinson Outveach Center, Inc		03 MAR 28 AM IO: 26 SECRETARY OF STATE TALLAHASSEE, FLORINGA
Robinson Outr	each Center, Inc	
2. Principal Office Address P. D. LOX 220 Suite, Apt. #, etc.	P. O. OOY 220	90001435239 03/28/03-01006-006 ₩189.75
V		4. Date Incorporated or Quairfied To Do Business in Florida
Newberry, F1	New berry F1	5. FELNumber Applied For S73648670 Not Applied For Not Applicable
32669 U.S	32469 US	CERTIFICATE OF STATUS DESIRED S375 Audition 12 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Name and Address of Current Registered Agent		
Name Alvin Robinson		
Street Address (P.O. Box Number is Not Acceptable) A35 NW 353 NG Street		
Suite, Act. #, Elic.		
a Newborry		State Zip Code FL 32669
	owe named conformation, are terriller with and accept the of	bligetions of section 607.0505 or 617.0503, F.S. Date
	EGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer an Titles Officers and/or Directors	d/or Director (Fiorida nonprofit corporations must list at la Street Address of Each Officer and/or Director	CBu Steen / Zin
arena Joann Robin	500 435 NW 252	rdstreet Newberry, 14/326
Treesur Dean Smith	70245W4690	The Gamesvill, F/ 326K
Aresider Alvin Robins	135 NW 252	d Street New Deep, F1 3264
		70
10. I certify that I em an officer or director or the receiver or trustine empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this repretationment 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 issed 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: Continue of the receiver of the rece		

PARCUER

March 17, 2003

Robinson Outreach Center, Inc. P.O. Box 220 Newberry, Fl 32669

Department Of State Division of Corportions P.O. Box 6327 Tallahassee, Fl. 32669

To Whom It May Concern:

Enclosed is a check for \$183.75 for fees for our Annual Uniform Business Report, for year 2001,2002 and 2003.

Please waive the fee of \$175.00. Due to the fact that our Annual Report notice was return to your office.

If you have any questions concerning our organization please feel free to contact me Sharon Battles at (352) 528-4722.

Thank you for working with us at this time.

Sincerely yours,

Alvin Robinson Pastor slb