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CORPORATION  FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03 USC

FILED

03 MAR 28 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N00000003834

1. Corporation Name

Robinson Outreach Center, Inc

800014885289
03/20/03--01005--005 *189.75

2. Principal Office Address

P.O. Box 220

3. Mailing Office Address

P.O. Box 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State

Newberry, FL

City & State

Newberry, FL

5. FEL Number

593648670

Applied For

Not Applicable

Zip

32669

Country

U.S.

Zip

32669

Country

US

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Alvin Robinson

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

435 NW 252nd Street

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

Alvin Robinson

Date

REGISTERED AGENT MUST SIGN

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
Vice President	Joann Robinson	435 NW 252nd Street	Newberry, FL 32669
Treasurer	Dean Smith	7024 SW 46th Ave	Gainesville, FL 32618
President	Alvin Robinson	435 NW 252nd Street	Newberry, FL 32669

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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: *Alvin Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

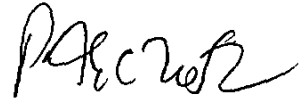
Date

Daytime Phone #

03-17-1900 07:15AM FROM

TO

18502456017 P.03



March 17, 2003

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

Department Of State
Division of Corporations
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