

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 28 AM 10:25

DOCUMENT # NO1000007380

1. Corporation Name

ORPHANS and OUTREACH  
CHARITIES INC.

100011131731  
01/28/03--01051--009 \*\*122.50

2. Principal Office Address  
501 COLONADES COVE: CASSELBERRY  
FL 32707

3. Mailing Office Address

SAME AS 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY

City & State

Zip

FL

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT. 16 2001

5. FEI Number

59-3723492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VINDRA C. JAMES

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

501 COLONADES COVE

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

Vindra C. James

Date

01/23/03

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
D/PRESIDENT	VINDRA C. JAMES	501 COLONADES COVE CASSELBERRY	FL 32707 Casselberry
D/VICE PRES.	BRINDA CAMPANIAN	6328 RALEIGH ST #12	FL 32785 Casselberry
D/SEC/TREAS.	MICHAEL CAMPANIAN	6328 RALEIGH ST #12	FL 32785 Casselberry

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:

Vindra C. James

01/23/03

Date

407 699-5196

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (1/02)



## Orphans and Outreach Charities

*"Caring and Keeping the Unfortunate Ones"*

P.O. Box 838, Goldenrod, Florida 32733-0838  
691 519 / 407-925-3375 Email: orphansoutreach@hotmail.com

January 23, 03

Re: Dept. of State

Waive of Reinstatement Fee.

I am requesting that The Divisions of Corporation waive the Reinstatement Fee of \$175.00. The reason that Orphans & Outreach Charities Inc. did not receive your correspondence was due to expiration of our P.O. Box service. This resulted to mail being returned and mail being sent to our obsolete address of 7789 Fox Knoll Pl. Winter Park. We apologize for this inconvenience and would try not to repeat this predicament.

Thank You.

Sincerely

Viviana C. Jones