

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000001792**

1. Corporation Name

UNITED URBAN OUTREACH, INC.
8117 N. 13th St.
Tampa, FL 33604

2. Principal Office Address

3. Mailing Office Address

8117 N. 13th St.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa

Zip
33604

Country

Zip

33604

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/6/02

5. FEI Number

30-0053279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

CEPEDA MCKAY

500025827605

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

4224 E. CURTIS ST

12/30/03--01011--009 **236.35

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	CEPEDA MCKAY	48117 N 13th St	Tampa, FL 33604
VP	Jeffery Johnson	"	Tampa, FL
Sec	Stephen Hough	"	Tampa, FL
Trea.	Robert Davis	"	Tampa, FL
Dir.	Curt McKay	"	Tampa, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03

Date

(813) 841-4358

Daytime Phone #

CR2E081 (10/02)