


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **NO2000001792**

1. Corporation Name

UNITED URBAN OUTREACH, INC.

2. Principal Office Address

8117 N. 13th Street

Suite, Apt. #, etc.

3. Mailing Office Address

8th Street

Suite, Apt. #, etc.

City & State

Tampa

City & State

FL. 336

Zip

33604

Country

USA

Zip

33604

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300053279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CEPEOA MCKAY

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

4224 E. Curtis Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

REINSTATEMENT

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

[Signature]

Date

2/15/06

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
P	CEPEOA MCKAY	4224 E. Curtis	Tampa, FL. 33610
VP	Jeffery Johnson	12717 Lockey Lane	Tampa, FL. 33612
S	Stephen Hough	8117 N. 13th Street	Tampa, FL. 33604
T	Robert Davis	8117 N. 13th Street	Tampa, FL. 33604
C	Curt McKay	8117 N. 13th Street	Tampa, FL. 33604

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 contained in Chapter 119, 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

2/15/06

Date

Daytime Phone #

(813) 900-1416


Dear Sirs,

2004

I DID NOT receive the renewal
for the Corporation to do its annual
report.

Thank you

CPO



President

UNITED URBAN OUTREACH