

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001792

FILED  
Nov 30, 2009  
Secretary of State

**Entity Name:** UNITED URBAN OUTREACH, INCORPORATED

**Current Principal Place of Business:**

8117 N 13TH ST  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

8117 N 13TH ST  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 30-0053279      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCKAY, CEPEDA  
4224 E CURTIS STREET  
TAMPA, FL 33610 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CEPEDA MCKAY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKAY, CEPEDA  
Address: 4224 E CURTIS  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Delete  
Name: JOHNSON, JEFFERY  
Address: 12717 LOCKEY LANE  
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete  
Name: DOUGH, STEPHEN  
Address: 8117 N 13TH ST  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: DAVIS, ROBERT  
Address: 8117 N 13TH ST  
City-St-Zip: TAMPA, FL 33604

Title: C ( ) Delete  
Name: MCKAY, CURT  
Address: 8117 N 13TH ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEPEDA MCKAY

PRES

11/30/2009

Electronic Signature of Signing Officer or Director

Date