


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000002752 1. Entity Name KARIZMA OUTREACH, INC.						FILED 2009 FEB 12 PM 5: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1164 NW 75TH STREET MIAMI, FL 33150		Mailing Address 1144 N.W. 75 ST. MIAMI, FL 33150		 REINSTATEMENT 08-09 11102008 REIN-NP CR2E099 (1/07)			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 02-0595565		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAIN-REVELL, PRUCHELLE 1164 NW 75TH STREET MIAMI, FL 33150				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <u>Pruchelle Bain-Revell Pruchelle Bain-Revell</u> 1/14/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAIN-REVELL, PRUCHELLE 1164 NW 75TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900141883969 01/23/09--01005--012 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAIN-HUDSON, SHARHONDRA 365 NE 205 TERRACE MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900141883969 02/12/09--01032--004 **52.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDA, IVY 1144 NW 75 STREET MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOESPH, BAIN 7182 NW . 16 AVE MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Pruchelle Revell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>1/14/09</u>		Daytime Phone #: <u>(786) 277-3620</u> <u>please call</u>	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2009

KARIZMA OUTREACH, INC.
1144 N.W. 75 ST.
MIAMI, FL 33150

SUBJECT: KARIZMA OUTREACH, INC.
Ref. Number: N02000002752

We have received your document for KARIZMA OUTREACH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a 2009 annual report form, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$122.50.

There is a balance due of \$52.50. If a certificate of status is desired, please add an additional \$8.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 409A00003071