

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000008515

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** ALL OUTREACHES, INC.

**Current Principal Place of Business:**

1504 VIRGINIA AVE 201B  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

19873 VILLA MEDICI PL  
BOCA RATON, FL 33434

**Current Mailing Address:**

1504 VIRGINIA AVE 201B  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

19873 VILLA MEDICI PL  
BOCA RATON, FL 33434

**FEI Number:** 59-2961761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACKERMAN, MARLENE J  
1504 VIRGINIA AVE 201B  
DAYTONA BEACH, FL 32114 US

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

ACKERMAN, JOHN J  
19873 VILLA MEDICI PL  
BOCA RATON, FL 33434 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: JOHN ACKERMAN

09/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ACKERMAN, JOHN J  
Address: 19873 VILLA MEDICI PL  
City-St-Zip: BOCA RATON, FL 33434

Title: VP  
Name: ACKERMAN, MARLENE J  
Address: 19873 VILLA MEDICI PL  
City-St-Zip: BOCA RATON, FL 33434

I hereby 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 all other like empowered.

SIGNATURE: JOHN ACKERMAN

PRES

09/14/2011

Electronic Signature of Signing Officer or Director

Date