

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008213

1. Corporation Name

NOTRE DAME OUTREACH CORPORATION

2. Principal Office Address - No P.O. Box #

316 VENICE BLVD.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

PALM BEACH

3. Mailing Office Address

316 VENICE BLVD.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name
NAJELA THYBULLE

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

Suite, Apt. #, Etc.

City
ROYAL PALM BEACH

State
FL

Zip Code
33411

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 **AUGUST 12, 2009**

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 |
|--------|--------------------------------------|---|----------------------------|
| DIR. | NAJELA THYBULLE | 316 VENICE BLVD. | ROYAL PALM BEACH, FL 33411 |
| PRES. | PAULA THYBULLE | 316 VENICE BLVD. | ROYAL PALM BEACH, FL 33411 |
| DIR. | JEAN RICHARD BERNARD | 316 VENICE BLVD. | ROYAL PALM BEACH, FL 33411 |
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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:

NAJELA THYBULLE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-12-2009

Date

561-798-7921

Daytime Phone #

FILED

09 AUG 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

100159651961
08/17/09--01071--020 **306.25

100159651961
08/17/09--01071--020 **8.75

**4. Date Incorporated or Qualified
To Do Business in Florida** AUGUST 8, 2004

5. FEI Number
16-1706195

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2008/12/20