

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 AMH: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171509504

03/08/10--01030--026 **245.00

CR2E081 (11/09)

DOCUMENT # NO5000009597

1. Corporation Name

LIBERTY OUTREACH CENTER, INC.

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

102 Chapel Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 20361

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32304

Country

USA

Zip

32316

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida SEPTEMBER 19, 2005

5. FEI Number

34-2056261

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glover, W. Donald Rev.

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

900 Aenon Church Road

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32304

☒ 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.

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

Date

3-8-10

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
DP	Glover, W. Donald Rev.	900 Aenon Church Road	Tallahassee, FL 32304
VP	Glover, Gina S. Rev.	900 Aenon Church Road	Tallahassee, FL 32304
ST	Simmons, Eric	654 Quail Roost Drive	Quincy, FL 32352

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10. E-mail Address: WDGLOVER7@COMCAST.NET

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

3-8-10

Daytime Phone #

850-509-5996