

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 9:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100173969941
03/31/10--01042--013 **315.00

CR2E081 (11/09)

DOCUMENT # N06000000010

1. Corporation Name

Tabernacle Outreach Inc.

REINSTATEMENT

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

4855 So. Orange Blossom Tr.

3. Mailing Office Address

PO Box 680888

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32839

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

December 29, 2005

5. FEI Number

41-2183287

☒ 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

Soldout2Christ, Inc c/o Demetrius Crane

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

4898 Stoneacre Circle

Suite, Apt. #, Etc.

City

St Cloud

State

FL

Zip Code

34771

☒ 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

Demetrius Crane

Date 3/26/10

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
President	Demetrius Davis	PO Box 680888	Orlando, FL 32839
Officer	Rolous Frazier	PO Box 680888	Orlando, FL 32839
Officer	Shelley Vernon	1513 Stanbury Dr	Orlando, FL 32818
			M. MILLIGAN EXAMINER
			APR 2 2010

10. E-mail Address: Revddavis72@yahoo.com

(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:

Demetrius Davis

President

3/26/10

407-797-5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #