

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13954

1. Corporation Name

OUTREACH CHURCH OF JESUS
INCORPORATED

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

218 W. Bass St

Suite, Apt. #, etc

3. Mailing Office Address

218 W. Bass St.

Suite, Apt. #, etc

City & State

Kissimmee, Fla.

City & State -

Kissimmee, Fla.

Zip

34741

Country

Osceola

Zip

34741

Country

Osceola

7. Name and Address of Current Registered Agent

Name

Robert L. Randolph

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

2170 Big Buck DR.

Suite, Apt. #, Etc

City

St Cloud

State

FL

Zip Code

34772

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

Robert L. Randolph

REGISTERED AGENT MUST SIGN

Date 2/10/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	Robert Randolph	2170 Big Buck DR.	St. Cloud, Fl. 34772
DT	JOHNNY MURPHY	219 Columbia St.	St. Cloud, Fl. 34769
DYP	Kendrick Clark	158 E Cleveland St	Apopka, Fl. 32703
DS	Aubrey W. KIPP	3658 Bristol Cove LN.	St. Cloud, Fl. 34772
D	Steve Dunkley	3321 Earle Ct	Kissimmee, Fl. 34746
D	ARTIE ROSEBURY	1474 Windjammer LP.	Lutz, Fl. 33559

10. E-mail Address: PASTORRANDOLPH@EarthLink.Net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the resolver 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:

Robert L. Randolph

Robert L. Randolph

Date 2/10/10

407-461-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

700169244697
02/17/10--01006--004 **131.25
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

March 21, 1986

5. FEI Number

59-316-1637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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.

2/2/17