

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 21 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41031

1. Corporation Name

TRI COUNTY OUTREACH, INC

2. Principal Office Address - No P.O. Box #
708 N. MAIN ST.

Suite, Apt. #, etc.

City & State
CHIEFLAND, FL

Zip
32626

Country
U.S.A

3. Mailing Office Address
P.O. BOX 2194

Suite, Apt. #, etc.

City & State
CHIEFLAND, FL

Zip
32644

Country
U.S.A.

000102937590
05/21/07--01023--001 **359.75

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida 11/21/1990

5. FEI Number
59-3050402

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
George Kearns

Street Address (P.O. Box Number is Not Acceptable)
11951 NW 70th Ave

Suite, Apt. #, Etc.

City
Chiefland, FL

State
FL

Zip Code
32626

☐ 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

George Kearns

REGISTERED AGENT MUST SIGN

Date

5-18-07

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
P/D	George Kearns	11951 NW 70th Ave.	Chiefland FL 32626
V/D	Carol Kearns	11951 NW 70th Ave.	Chiefland FL 32626
T/D	Stephen Liles	3951 NW 140th St.	Chiefland FL 32626
S/D	Renee Liles	379 SW 316th Ave.	Cross City FL 32628
D	Danny Liles	379 SW 316th Ave.	Cross City FL 32628
D	David McCumbers	1142 Shellcrest	Cedar Key, FL 32625

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:

George Kearns GEORGE KEARNS

Date

5-18-07

Daytime Phone #

302
949-025