

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 18 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 43000001421**

1. Corporation Name

BILLY BURKE WORLD OUTREACH, INC.

800040285958
08/18/04--01026--002 **306.25

2. Principal Office Address

5810 W. CYPRESS ST.

3. Mailing Office Address

P.O. BOX 25441

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33622

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3171645

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

BILLY BURKE

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

15604 COCHESTER RD.

Suite, Apt. #, Etc.

City

TAMPA,

State

FL

Zip Code

33647

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

Billy Burke
REGISTERED AGENT MUST SIGN

Date

8/16/04

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	Billy Burke	15604 Cochester Road	Tampa, FL 33647
V,S,D	Melanie Burke	15604 Cochester Road	Tampa, FL 33647
T,D	John Stockheisen	3241 Brushwood Ct.	Clearwater, FL 33761
D	Randy Jordan	3041 S/W 23rd St.	Ft. Lauderdale, FL 33313
D	Mark Mulock	1507 Yardley Dr.	Wesley Chapel, FL 33543
D	Joseph James	5211 Cypress Palms Ln.	Tampa, FL 33647

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 under section 119.07(3)(i), 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:

Billy Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/16/04 (813) 287 2116

Daytime Phone #