

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 14 PM 4:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **NP6000004526**

1. Corporation Name

OUTREACH COMMUNITY DEVELOPMENT, INC.

2. Principal Office Address

1511 N.W. AVE. E

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Same

Zip

33430

Country

U.S.A.

Zip

Same

Country

Same

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-96

5. FEI Number

31-1480332

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

Stella G. Butts

800003405068-4

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

1511 N.W. Ave. E

09/26/00 01088 023

******297.50 ****297.50**

Suite, Apt. #, Etc.

City

Belle Glade,

State

FL

Zip Code

33430

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

Stella G. Butts

Date

9/8/00

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	Butts, Stella G.	1511 N.W. AVE. E	Belle Glade, FL 33430
DS	Brown, Owena S.	1316 S.W. Ave. D	Belle Glade, FL 33430
DT	Rose, Christopher H.	1026 N.E. 20 th Street	Belle Glade, FL 33430
D	Butts, Claude	1511 N.W. AVE. E	Belle Glade, FL 33430
D	Kerrica Savage	1016 N.E. 21 st Street	Belle Glade, FL 33430

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 debts 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stella G. Butts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00 (561) 992-9269

Date

Daytime Phone #

CR2E081 (9/99)