

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 22 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N96000006452**

1. Corporation Name
NEW OUTLOOK II, INC.

Principal Place of Business: 3333 WEST 20TH STREET, JACKSONVILLE FL 32254
Mailing Address: POST OFFICE BOX 9010, JACKSONVILLE FL 32208 06



REINSTATEMENT 98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **12/18/1996**

5. FEI Number: **59-3421096**
APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GREGORY, E C	11434 YELLOW TAIL COURT	JACKSONVILLE FL 32218
D	FLAGG, EUGENE	4271 MCDANIEL DRIVE	JACKSONVILLE FL 32209
D	SANDERS, DEBORAH	11425 HOBART DRIVE	JACKSONVILLE FL 32218
D	LEWIS, CHARLES W	5307 FLEET LANDING BOULEVARD	JACKSONVILLE FL 32233

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIKORA, GREGORY J
3333 WEST 20TH STREET
JACKSONVILLE FL 32254

Name: _____
Street Address (P.O. Box Number is Not Acceptable): **600922424106818-9**
Suite, Apt. #, Etc.: *****236.25 ***236.25**
City: _____ State: **FL** Zip Code: _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* **URFD** Date: **12-3-98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *[Signature]* **12-3-98** **743-1883 EXT. 219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)