PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 26 PM 4:52

DOCUMENT # N98000005233

1. Corporation Name

Self-Empowerment Outreach Agency

800009440928
12/10/02--01079--017 **297.50

2. Principal Office Address	**3.** Mailing Office Address
2609 Brighten Road	2609 Brighten Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32301 Country:	Zip: 32301 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/98

5. FEI Number: [X] 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: Mona Finney

Street Address (P.O. Box Number is Not Acceptable): 2609 Brighten Road

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Mona Finney Date: 11/26/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Director	Dr. Gwen Dixon	1906 Brown Street	Tallahassee, FL
Director	Dr. Reva Myers		Tallahassee, FL
Treasurer	Ms. Latrece Gadsen		Tallahassee, FL
Director	Ms. Margret Franklin	1101 Missionwood Lane	Tallahassee, FL

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: Mona Finney 11/26/02 216 3783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #