TELAOL NE	AD ALL INSTRUCTIONS BEFORE	E COMPLETING THIS FORM PAR ISE	
CORPORATION REINSTATEMENT DOCUMENT # 198	Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE FALLAHASSEE FLORIDA	
1. Corporation Name	OLLO WOOD 258 42	C	
2. Principal Office Address 641 SW 14771 ST Suite, Apt. #, etc.	3. Mailing Office Address P. U. Box 50283 Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
Deenfield But EL Zip Country 33441 Browans	City & State Pompano Bch, F.C. Zip Country 33074 Browns	5. FEI Number 6. CERTIFICATE OF STATUS DESIRED To Do Business in Florida Applied For Not Applicable 88.75 Additional Fee required for a Certificate of Status	
Name	7. Name and Address of Current Regis	stered Agent	
Suite, Apt. #, Etc.	GONDEN IS NOT Acceptable) IY M STTEET BCh 71	100010143711 01/16/0301016007 **183.75 State Zip Code FL 3344/	

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

Date 12/5/02

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
B	ETNEST GONDER	641 SW 14TH STREET	Deerfield BUX H 3344
B	TAShayla GONDER	641 SW 14M STREET	Deeficly Bil 71 33441
7	Barbara GonDER	641 SW 14M STREET	Deefield BA 71 33VY
		01-02	
		,	

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 filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 26, 2002

GONDER'S OUTREACH DEVELOPMENT, INC. P.O. BOX 50283 POMPANO BEACH, FL 33074

SUBJECT: GONDER'S OUTREACH DEVELOPMENT, INC.

Ref. Number: N9800006900

We have received your document for GONDER'S OUTREACH DEVELOPMENT, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please note that an additional \$61.25 must be submitted to cover the filing fee for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 602A00067392

Gonder's Outreach Development P.O. Box 50283 Pompano Beach, FL 33074

Dear Sirs

This letter comes regarding reinstatement of the following corporation:

Gonder's Outreach Development, Inc. We did not receive annual reports during the year of 2001, and we request that you wave any penalties fees.

In addition to the 2002 annual report was not received due to problems with the mail.

Also enclosed is the fees for the year 2003.

Enclosed is the amount of \$183.75

Finally, please forward all correspondences to P.O. Box 50283, Pompano Beach, FL 33074

Thank you for your promptness with our request.

Sincerely

Ernest Gonder