

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004380

1. Corporation Name

Sr. Mary Frances Waite
Rural Outreach, Inc.

2. Principal Office Address

112 W. Pennsylvania

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1097

Suite, Apt. #, etc.

City & State

Bonifay FL

City & State

Bonifay FL

Zip

32425

Country

U.S.A.

Zip

32425

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/99

5. FEI Number

☒ 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

Miles E. Anderson

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

2508 Comet Lane

Suite, Apt. #, Etc.

City

Bonifay

State

FL

Zip Code

32425

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

Miles E. Anderson

REGISTERED AGENT MUST SIGN

Date 12/31/03

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
<u>President</u>	<u>Jerry Schubatis</u>	<u>1012 S Weeks St</u>	<u>Bonifay, FL 32425</u>
<u>Treasurer</u>	<u>Barbara Anderson</u>	<u>2508 Comet Lane</u>	<u>Bonifay, FL 32425</u>
<u>Secretary</u>	<u>Melanie Russ</u>	<u>2030 Midyette Rd.</u>	<u>Tallahassee, FL 32301</u>

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:

Barbara L. Anderson Barbara L. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-872-3221

12/31/03