

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUN 20 AM 10: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000007145

1. Corporation Name

KOD Outreach Development INC

2. Principal Office Address

2016 SW 73rd SW

Suite, Apt. #, etc.

3. Mailing Office Address

238 SW 3rd Ave.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

America

Zip

32601

Country

America

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/99

5. EEL Number

59-361-6997

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  
Kathleen Dames

Street Address (P.O. Box Number is Not Acceptable)  
2016 SW 73rd St.

Suite, Apt. #, Etc.

City  
Gainesville

State  
FL

Zip Code  
32607

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

*Kathleen Dames*  
REGISTERED AGENT MUST SIGN

Date 6/16/06

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
Presi.	Kathleen Dames	2016 SW 73rd St	Gainesville, FL 32607
Sec.	Tanaka Greenwood	3324 NW 51st Terrace	Gainesville, FL 32606
Treas.	Carolyn Eagle	2830 NE 16th Drive	Gainesville, FL 32609

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 contained in Chapter 119, 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:

*Kathleen Dames*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Dames

6/16/06

Date

352-331-0668

Daytime Phone #