**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 SEP 15 PM 1:20
TALLAHASSEE, FLORIDA

## DOCUMENT # N99000007145

**1. Corporation Name**
KOD Outreach Development INC

500185453685
09/15/10--01021--007  **359.75

CR2E081 (12/05)  08-10

**2. Principal Office Address**
238 SW 3rd Ave
Suite, Apt. #, etc.

**3. Mailing Office Address**
238 SW 3rd Ave
Suite, Apt. #, etc.

**4. Date Incorporated or Qualified To Do Business in Florida**
3/6/2000

**City & State**
Gainesville

**City & State**
Gainesville, FL

**5. FEI Number**
42-1698550

☐ Applied For
☐ Not Applicable

**Zip** 32601  **Country** America

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**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

**REINSTATEMENT**

Suite, Apt. #, Etc.

**City** Gainesville, FL 32607   **State** FL   **Zip Code**

**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** 9/15/10

**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 |
|---|---|---|---|
| Pres | Dames, Kathleen | 2016 SW 73rd St | Gainesville, FL 32607 |
| Sec | Tanaka Greenwood | 96 North Main St | Waldo, FL 32694 |
| Tres | Carolyn Eagle | 5003 SW 69th Terr | Gainesville, FL 32608 |
| D. | Betty Daniels | 1101 SE 15th St. Apt 48 | Gainesville, FL 32641 |
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**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

**Date** 9/15/10   **Daytime Phone #** 352 378 7799