

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUN 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P000000064994

1. Corporation Name

Outback Holdings, Inc.

100006106171--8

-06/28/02--01053--029

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

2275A North Volusia

3. Mailing Office Address

2275A North Volusia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

32763

Country

Volusia

Zip

32763

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

07-03-2000

5. FEI Number

59-3663686

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

Gerald R. Brewer

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

2624 Hillview Circle

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

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

REGISTERED AGENT MUST SIGN

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
PD	Gerald R. Brewer	2624 Hillview Circle	Deltona, FL 32725
STD	Stephan V. Norris	2208 Danforth Avenue <del>2540 Academy Avenue</del>	Deltona, FL 32738

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:

*Stephan V. Norris* V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02 386-917-0877  
Date Daytime Phone #

CR2E081 (9/01)

# **Mollica, Jenson & Frezza, Inc.**

1271 SR 436, Suite B149 • Casselberry, FL 32707 • Phone: 407-673-6654 • Fax: 407-673-6658

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**Patricia F. Mitchell**

Email: [pjmaccountingandtax@aif.net](mailto:pjmaccountingandtax@aif.net)

June 6, 2002

To: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Outback Holdings, Inc. Reinstatement  
Document #P00000064994  
FEIN 59-3663686

The original Articles of Incorporation for the above named corporation contained incorrect mailing information. As such, information was never received regarding the Uniform Business Report (UBR) for the corporation. As a result, there was an administrative dissolution for annual report filed on 09/21/2001.

Enclosed, please find an application for reinstatement along with payment in the amount of \$300 for years 2001 and 2002 UBR.

Thank you,



PF Mitchell

**Full Service Insurance and Financial Services**

*Securities offered through NPC of America (NPCOA), Member NASD/SIPC  
Mollica, Jenson & Frezza, Inc. and NPCOA are separate and unrelated companies*