

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030426

1. Corporation Name

A New Outlook on the Future, Inc.

REINSTATEMENT 07-09

800161834538
10/16/09--01038--009 **750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
1301 Cedar Creek Circle

3. Mailing Office Address
P O Box 470068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sanford FL

City & State
Lake Monroe, FL

Zip Country
32771 US

Zip Country
32747 US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
223775510

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
karin dennis

Street Address (P.O. Box Number is Not Acceptable)
5416 karen court

Suite, Apt. #, Etc.

City
orlando

State Zip Code
FL 32811

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *Karin Dennis*

Date 09-20-09

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
CEO	Jennifer Jones	1301 Cedar Creek Circle	Sanford, FL 32771
P	Michael Jones	4217 Wayne St	Houston TX 77056
D	Karin Dennis	P O Box 470068	Lake Monroe FL 32747
SEC	Karin Dennis	P O Box 470068	Lake Monroe FL 32747
D	Jennifer Jones	1301 Cedar Creek Circle	Sanford FL 32771
D	Michael Jones	4217 Wayne St	Houston TX 77056

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-20-09 7134162207