

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000030426**

1. Corporation Name

A NEW OUTLOOK ON THE FUTURE, INC

Principal Place of Business

2621 S FRENCH AVE
#6
SANFORD FL 32771

Mailing Address

PO BOX 470068
LAKE MONROE FL 32747

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1009 Pecan Ave
Suite, Apt. #, etc.
Sanford FL 32771
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2001

5. FEI Number

22-3770515

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | WILLINGHAM, KARIN | PO BOX 470068 | LAKE MONROE FL 32771 |
| VP | WILLINGHAM, EDDIE | 3050 W 23RD STREET | SANFORD FL 32771 |
| | | | |
| | | | |
| | | | |
| | | | |

000023819520
10/15/03--01056--026 **150.00

8. Name and Address of Current Registered Agent

WILLINGHAM, EDDIE
3050 W 23RD STREET
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Eddie Willingham
REGISTERED AGENT MUST SIGN

Date **10-11-03**

11. 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:

Karin Willingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-03

Date

407 323 9170

Daytime Phone #

CR2E040 (7/03)

A New Outlook on the Future, Inc.
P O Box 470068
Lake Monroe Fl 32747
407 323 9170

To: Department of Incorporations

From: A New Outlook on the Future, Inc.

Re: Payment

Date: October 11, 2003

We mailed our payment in on time. According to the representative you sent out to (2) attempts to us to let us know the check was addressed to the wrong department. We are sending the payment in again in an attempts this time it will be received an posted correctly. We feel that we should not be responsible for a 600.00 fee because we did not receive any correspondence by mail until yesterday saying we had been revoked. We sincerely are sorry for any trouble this may have caused this has caused.

Sincerely,
Karin Willingham
CEO / President

