

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072272

1. Corporation Name

PROPERTY OUTLOOK, INC.

Principal Place of Business

103 ZINNIA CT.
KISSIMMEE FL 34743

Mailing Address

103 ZINNIA CT.
KISSIMMEE FL 34743

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

Suite, Apt. #, etc. --

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPST	MARTINEZ, DANILO	103 ZINNIA CT.	KISSIMMEE FL 34743

100008673991
10/29/02--01132--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUCHS, LAWRENCE M ESQ
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

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

Dani Martinez SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/2

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:

Dani Martinez SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/2

Daytime Phone #

407-414-6520

CR2E040 (8/02)

Danilo Martinez
Property Outlook Inc.
103 Zinnia Ct.
Kissimmee, FL 34743

October 24, 2002


Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

I am writing this letter in regards to a dissolution letter that I received on October 23rd.

This letter stated that my company was dissolved due to not filing the Uniform Business Report. Unfortunately, I did not receive any information in the mail about this report. I have no problem in paying the \$150 fee and filing this report. Please accept my application and included fee as I am looking forward to doing business in the state of Florida. Please contact me via mail or phone, and let me know how I can assist in maintaining my company in good status. Thank you very much for your time.

Sincerely,


Danilo Martinez
407-414-6520
islandoutlook@msn.com

P.S. PLEASE DO NOT CASH THIS CHECK IF
YOU WILL NOT ALLOW ME TO FILE THE REPORT
I WILL NOT PAY, AND CANNOT PAY, \$1600 FOR
REINSTATEMENT. THANK YOU