

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 NOV - 1 PM 4: 36

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0366660 2109

1. Corporation Name

OUTSCAPE, INC.

2. Principal Office Address

931 MAGNOLIA TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

FLAGLER BEACH

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

32136

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-03

5. FEI Number

55-0814283

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

ANGELA STRICKLAND

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

403 OL 304

Suite, Apt. #, Etc.

City

BONNIE

State
FL

Zip Code

32110

DC
11/2/04

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

10/27/04

REGISTERED AGENT MUST SIGN

CFR2001 (01/04)

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	DANIEL Mc DANIEL	931 MAGNOLIA TERR	FLAGLER BEACH FL
Sec	CINDY Mc DANIEL	(SAME)	32136

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)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

10/27/04

Daytime Phone #

(386) 439-0047

Outscape, Inc.
931 Magnolia Terrace
Flagler Beach, FL 32136
(386) 439-0047

October 15, 2004

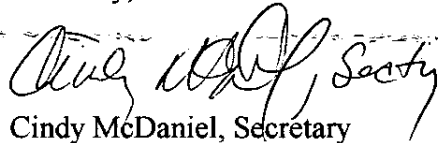
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I noticed when I was online looking at how I could change the officers of our corporation, that the company status is now inactive. After some research, I found that the post office returned our annual filing paperwork to you. The reason is that the address you had on file was the physical address and not the mailing address.

I have included the new information on the new officers and the mailing address with this letter. Please accept our filing fee of \$150 which is enclosed, and please update your records. I appreciate your understanding in this matter, and the courteous service of the person to whom I spoke with on the phone.

Sincerely,



Cindy McDaniel, Secretary
Outscape, Inc.