

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -9 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC3000086516

1. Corporation Name

Outlook Technology Inc

2. Principal Office Address

4707 140TH Ave N.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 308

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

FL

Zip

33762

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1994

SP

5. FEI Number

59-3219526

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

Steve Pletcher

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

2281 E. Vina Del Mar Blvd

Suite, Apt. #, Etc.

City

St. Pete Bch

State

FL

Zip Code

33706

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

Steve Pletcher

Date 4-6-01

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
Pres.	Steve Pletcher JR	2281 E Vina Del Mar Blvd	St Pete Bch FL 33706
			200004014282-8 04/17/01-01109-018 *****900.00 *****900.00

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:

Steve Pletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

727 532-8155

Daytime Phone #

CR2E081 (9/00)