

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**APPLICATION  
FOR**

AMENDED 1996 A.R.



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

Jun 13 1996 8:00 am

Secretary of State

**DOCUMENT # P94000077626**

1. Corporation Name

**OUTLANDER ENTERPRISES, INC.**

Principal Place of Business

7310 W MCNAB ROAD SUITE 209  
TAMARAC FL 33321

Mailing Address

7310 W MCNAB ROAD SUITE 209  
TAMARAC FL 33321

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

670 LINCOLN RD

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0521367

Applied For

Not Applicable

City & State

City & State

MB, FL

Zip

Country

33139

Country

PAPE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PS	CARAMEROS, GEORGE	7310 W MCNAB ROAD SUITE 209	TAMARAC FL 33321
			700001861627
			-06/13/96--01002--015
			*****61.25 *****61.25

8. Name and Address of Current Registered Agent

CARAMEROS, GEORGE  
7310 W MCNAB ROAD SUITE 209  
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

670 LINCOLN RD GEORGE CARAMEROS

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

670 LINCOLN RD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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.

Signature of Registered Agent

*George Carameros*

GEORGE CARAMEROS

Date

6/7/96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*George Carameros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

Date

6-1296  
mPL

Daytime Phone

CR2E040 (06/95)