

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000049179

1. Corporation Name

OUTZEN PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

110 PINETREE DRIVE  
GULF BREEZE FL 32561

110 PINETREE DRIVE  
GULF BREEZE FL 32561

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

2. New Principal Office Address, If Applicable

2813 EAST CERVANTES ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2813 E. CERVANTES ST.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32503

Country

USA

Zip

32503

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1997

5. FEI Number

59-3448569

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OUTZEN, RICHARD M JR.	110 PINETREE DRIVE	GULF BREEZE FL 32561
<del>D</del>	<del>OUTZEN, CATHRYN C</del>	<del>110 PINETREE DRIVE</del>	<del>GULF BREEZE FL 32561</del>
D	Charles A. Emiling III	605 Chesapeake Dr	Gulf Breeze FL 32561

8. Name and Address of Current Registered Agent

OUTZEN, RICHARD M JR.  
110 PINETREE DRIVE  
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

OUTZEN RICHARD M. JR.

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

2813 E. CERVANTES ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32561

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

*Richard M. Outzen*  
REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

850 438-8105

FILED

01 OCT 15 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2040 (8/01)