PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049179

1. Corporation Name: Outzen Publications Inc

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
804 S. Palafox St.	P.O. Box 12082
State, Apt. #, etc.	State, Apt. #, etc.
City & State: Pensacola, FL 32502	City & State: Pensacola, FL
Zip: 32502 Country: Escambia	Zip: 32591 Country: Escambia

4. Date Incorporated or Qualified To Do Business in Florida: 6/2/97

5. FEI Number: 59-344 8569 ☐ 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: Richard Outzen Jr.

Street Address (P.O. Box Number is Not Acceptable): 804 S. Palafox St.

200031199122
03/25/04--01046--018 **105[illegible].00

Suite, Apt. #, Etc.:

City: Pensacola | State: FL | Zip Code: 32502

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 _____
REGISTERED AGENT MUST SIGN

CR2E031 (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.	Richard Outzen, Jr. - Pres	110-Pine Tree Drive	Gulf Breeze, FL 32561
Sec-Treas	Charles A Ealing, III	105 Chesapeake Drive	Gulf Breeze, FL 32561

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: _____ Richard Outzen Jr. 3/10/04 850-438-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR