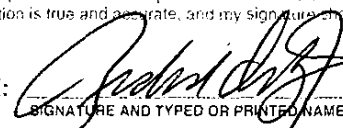


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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					
2. Principal Office Address 804 S. Pala Fox St. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 12082 Suite, Apt. #, etc.			
City & State PENSACOLA, FL 32502 Zip 32502 Country Escambia		City & State PENSACOLA, FL 32591 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. Pala Fox St.					
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					
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.	110-Pine tree Drive		Gulf Breeze, FL 32561	
Sec. Tre.	Charles A. Euling, 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. 3/10/04 850-938-8115					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2EC01 (01/04)

TR