PLEASE READ	ALL INSTRUCT	ONS BEFORE ORTHER	OMPLETI APPR	NG THIS FO	ORM.	M
APPLICATION FOR	Kather	rine Harris ary of State	AL	ED ED	JRM. NG	
REINSTATEMENT		•	90 007 00		()	
DOCUMENT # P98000 1. Corporation Name OUTREACH MANAGEMENT, I	0016110 nc	אוו עצוו	99 OCT 25 SECRETARY ALLAHASSEE			
Principal Place of Business	Mailing Address		_			
1555 DOGWOOD LANE 1555 DOGWO MIDDLEBURG FL 32088 MIDDLEBURG						
If above addresses are incorrect in any way, line thr				· •		
New Principal Office Address, If Applicable	3. New Mailing Office Ad	Idress, If Applicable	4. Date Incorporate To Do Busine	raled or Qualified ess in Florida	02/18/1998	
Suite, Apt. #, etc. Suite, Apt. #,			5. FEI Number	7.5.44		pplied For
City & State	City & State	I O	<u> 35-35</u>	73246	S8 75 Addition	lot Applicable
Zip Country	Zip	Country	CERTIFICATE	OF STATUS DESIRED	for a Certific	ite of Status
7. Names and Street Addresses of Each Officer and Name of Officers	/or Director (Florida nonprol	fit corporations must list at les Street Address of Eacl				
Title(s) and/or Directors 2		Officer and/or Director		4	City / State / Zip	
P/S/T/FARL Rixagen 166.mgm 13 V SHAZON Robinson 15		y would five mis	middle bu 3 zo bd dlobum fl J2061	F/		
				6000030399665 -11/09/9901074010		
				●映水半15		50.00
						7
8. Name and Address of Current	Name	9. Name and A	ddress of New Reg	istered Agent	The	
ROBINSON, EARL RICHARD						
1555 DOGWOOD LANE		Suite, Apt. #, Etc				
MIDDLEBURG FL 32068						
		City			FL State Lip Cod	/
10. I, being appointed the registered agent of the above Signature of Registered Agent Registered Agent	egistered agent must	amiliar with and accept the c	bbligations of Sections		- 20-55	
I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been eliminated, names of individuals listed o	the corporate name satisfies in this form do not qualify for	the requirements an exemption und	of section 607.0401	or 617.0401, F.S., th	at all fees

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/o/2-/99 984333/9
Date Daytime Prone #

October 20, 1999

Florida Department of State Division of Corporations POX 6327 Tallahassee, Florida 32314 75 rd 2

Dear Divisions of Corporations,

I do not recall receiving a notice for a corporation annual report. However, I have paid all quarterly and annual State/ Federal taxes. As instructed by the agent I spoke to over the phone, I am sending you \$150.00 to keep OUTREACH MANAGEMENT, INC. active. Please do not hesitate to call if you have any questions, 904 282 3219.

Sincerely, End Rellin

Earl Richard Robinson

President