

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 APR -4 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000000378

1. Corporation Name

UNITED OUTREACH, INC.

Principal Place of Business

2450 NE MIAMI GARDENS DRIVE
NO. MIAMI BEACH FL 33180

Mailing Address

2450 NE MIAMI GARDENS DRIVE
NO. MIAMI BEACH FL 33180

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2164446

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	SHVARTSMAN, VLADIMIRE	2020 AVENUE O, APT. F4	BROOKLYN NY 11210
VD	KHAZIN, SAMULL	1812 EAST 18TH STREET APT. 6A	BROOKLYN NY 11229
STD	SHENKERMEN, IRA	1781 EAST 17TH STREET	BROOKLYN NY 11229

200002136792-3
-04/08/97-01109-003
****297.50 ****297.50

8. Name and Address of Current Registered Agent

ZEMEL, MORTON B
2450 NE MIAMI GARDENS DRIVE
NO. MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

3/25/97

11. 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.)

12. 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

Daytime Phone #

DP25040 (7/96)