

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:42

DOCUMENT # **737194** (1)
1. Corporation Name
**BROWARD INTERNATIONAL
WOMEN'S CLUB, Inc.**

2. Principal Office Address 1237 SW 149 Lane		3. Mailing Office Address 1237 SW 149 Lane	
Suite, Apt. #, etc. SUNRISE		Suite, Apt. #, etc. SUNRISE	
City & State FLORIDA		City & State Florida	
Zip 33326	Country Broward	Zip 33326	Country BROWARD

REINSTATEMENT 07

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-1730444	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> A	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name ANGELA R. BESCH	900003509169-4		
Street Address (P.O. Box Number is Not Acceptable) 1237 S.W. 149 LANE	-12/20/00-01075-016		
Suite, Apt. #, Etc. SUNRISE	900003509169-4		
City Florida	-12/20/00-01075-016	State FL	Zip Code 33326

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 **Angela R. Besch** Date **Dec. 4, 2000**
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
PD	ANGELA R. BESCH	1237 SW 149 Lane	SUNRISE FL. 33326
VD	PENNY Campbell	1110 SE 5th Avenue	Pompano Beach FL. 33060
TD	ANA ARRIOLA	2611 Oak Brooke Court	Weston, FL. 33332
SD	ANNE-MARIE BRIFFIN	3850 Galt Ocean Drive	# 901 Ft Lauderdale Florida 33308
D	Jise Wettengel	521 S.E. 14th Street	Pompano Beach, FL. 33060
D	Martha Steinkamp	6240 NE 19th Terrace	Ft. Lauderdale FL. 33308

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: **Angela R. Besch** **ANGELA R. BESCH**, Date **Dec. 4, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **(954)475-9425**

CR2E081 (9/99)