

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 30 MAY -5 PM 5:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 739973

1. Corporation Name
The Unique Women's Club, Incorporated

Principal Place of Business: **1615 NE 192nd Ave. Gainesville, FL 32609**
 Mailing Address: **1615 NE 192nd Ave. Gainesville, FL 32609**

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT

98-990
 781
 5/5/99

4. Date Incorporated or Qualified To Do Business in Florida: **08/23/1977**

5. FEI Number: **59-2539266**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Young, Betty	317 NW 192nd Avenue	Gainesville, FL 32609
V	Banks, Pearl	515 NW 192nd Avenue	Gainesville, FL 32609
S	Douglas, Altamease C.	21316 N. State Road 235	Brooker, FL 32622
T	Singleton, Betty J.	1926 NE 192nd Avenue	Gainesville, FL 32609
D	Singleton, Geraldine H.	1615 NE 192nd Avenue	Gainesville, FL 32609
D	Norris, Beria	215 NW 192nd Avenue	Gainesville, FL 32609

8. Name and Address of Current Registered Agent
Betty Young
317 NW 192nd Avenue
Gainesville, FL 32609

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
00002882920-8
-05/21/99-01099-006
******297, 50 ****297, 50**
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: *Betty Young*
 REGISTERED AGENT MUST SIGN
 Date: **4/8/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: *Geraldine H. Singleton* Geraldine H. Singleton 04/29/1999 (352)395-5058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (1/2/98)