PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 MAY 19 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16809

1. Corporation Name
EXECUTIVE WOMEN OUTREACH, INC.

Principal Place of Business	Mailing Address
	PO Box 7476 West Palm Beach, FL 33405

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

REINSTATEMENT 96-97 ALL SPM

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

4. Date Incorporated or Qualified To Do Business in Florida: 6/30/93

5. FEI Number: 59-2703382 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Gayle Landen	3902 Burns Rd	Palm Bch Gardens FL 33410
D	Nancy Goldman	410 4th Terr	Palm Bch Gardens, FL 33418
D	Mimi Howard	3432 PGA Blvd Suite 3204	Palm Bch Gardens FL 33410
			100002188501--6 -05/22/97--01103--016 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Michele G Veil
Street Address (P.O. Box Number is Not Acceptable): 777 S Flagler Dr
Suite, Apt. #, Etc.: 500E
City: West Palm Beach
State: FL
Zip Code: 33401

CR2E040 (12/96)

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: Michele G Veil
REGISTERED AGENT MUST SIGN
Date: 4/15/97

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: Gayle A. Landen — 4/15/97 — 561-694-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gayle Landen