PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB -2 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35922

1. Corporation Name

WOMEN'S EMERGENCY NETWORK, INC.

Principal Place of Business
1234 So Dixie Hwy, #312
Coral Gables, FL 33146

Mailing Address

W00000001267

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: 1989
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —	5. FEI Number: 59-2985791 ☐ Applied For ☐ Not Applicable
City & State —	City & State —	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip — Country —	Zip — Country —	

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 3 (Do NOT use Post Office Box Numbers)	City / State / Zip
P/D	CAROL CONAN	REINSTATEMENT 94-00	
V/D	LYNN MEYER	SEE ATTACHED SHEET FOR ADDRESSES	
S/D	KAREN ELKIN	OF OFFICERS AS WELL	
T/D	JANET ELLISON	AS NAMED ADDRESSES	
		OF OTHER DIRECTORS.	
		100003130411--5 -02/10/00--01007--027 ****603.75 ****603.75 LS	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PENNY GARDNER 7960 SW 135 St Miami, FL 33156	Name: CAROL CONAN Street Address (P.O. Box Number is Not Acceptable): 3939 Leafy Way Suite, Apt. #, Etc. — City: Miami State: FL Zip Code: 33133

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: Carol Conan — Date: 1/6/00
REGISTERED AGENT MUST SIGN

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: Carol Conan — 1/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROL CONAN

CR2E081 (12/98)