

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 AM 11:44

DOCUMENT # **N51413**

1. Corporation Name
WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.

Principal Place of Business 1037 GUAVA DR NAPLES FL 34112 US	Mailing Address 595 95TH AVENUE NORTH NAPLES FL 33963
---	---



REINSTATEMENT RS

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 10/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0375754	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
S	POSTILL, ROBIN YOUNG	666 THIRD ST S., #105	NAPLES FL
D	CENTAFANTI, CATHY	471 SOLL ST	NAPLES FL 34109
DP	DESANZO, BARBARA	555 BOWLINE DR	NAPLES FL 34103
D	GASVODA, JEAN	1919 E CROWN POINTE DR	NAPLES FL 34112
D	HORTON, JILL	262 8TH AVE S	NAPLES FL 34102
D	SUTTON, CHARLENE	825 KINGS WAY	NAPLES FL <u>34102</u>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COOLEY, BARBARA 595 95TH AVENUE NORTH NAPLES FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		500003032425--D -11/02/99--01069--007 ***236.25 ***236.25 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: Barbara A. Cooley REGISTERED AGENT MUST SIGN Date: Oct. 19, 1999

11. 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: Charlene Sutton October 19, 1999 (941)732-1567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Charlene Sutton, Director

CR2000 (8/99)