APPICATION FOR PLINSTATE MENT	FURIDA DE ARY Kerhamen Se Ludi	S BEFORE COMPLE ENDOCHTATE Harif S	ETING THIS FORM FILED 39 JUL -6 N1110: 0	
DOCUMENT # N94000 1. Corporation Name WESTON SECTION, NAT 1. JONES WOMEN, INC.	100089	OF	ALLAGASCEE, FLOR	TE NDA
Principal Place of Business Mailing Address THE GREENBRICK COURT WESTON FL 33327			0000029297900 -07/13/9901041001 ****122.50 ****122.50 /	
If above addresses are incorrect in any way, fine thr 2. New Principal Office Address, if Applicable 24 U GRECOBRICE CORP. Suite, Apt. #, etc.	ough incorrect information and enter 3. New Mailing Office Address, SAME Suite. Apt. #, etc	If Applicable 4. Date Inc. To Do B 5. FEI Num	4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number 65 - 564269 Not Applicable	
Zip STON Country 7. Names and Street Addresses of Each Officer and/ Name of Officers		CENTIFIC	TATE OF STATUS DESIRED L.I	75 Additional Fee required lor a Certificate of Status
Title(s) 2 and/or Directors TREAS. D Joo, Mann	3 (DO NOT	Officer and/or Director Use Post Office Box Numbers)	WESTON, FA	
		anbeloge Dr.	WESTON, FC	
DIRECTOR JACKIE GILLMAN	2395	PHEASANT LANC	WESTON, FC	33327
8. Name and Address of Current	Registered Agent	Street Address (P.O. Box Number Suite, Apt. #, Etc.	er is Not Acceptable)	CAPFORT 122 and
10. I, being appointed the registered agent of the abo Signature of Registered Agent HE	ve named corporation, am familiar	City யத்துமைப் with and accept the obligations of Si	State FL action 607.0505, F.S. Date 6-29-9	85327
11. This corporation owes the Intangible Personal Proper 12. Lecrify that Lam an officer or director or the receipthis reinstatement application, the reason for dissourced by the corporation have been paid and the ron this application is true and accurate, and my significant.	ty Tax due June 30. ver or trustee empowered to execululation has been eliminated, the contames of individuals listed on this form.	te this application as provided for in- porate name satisfies the requireme form do not qualify for an exemption	on interchapter 607 or 617, F.S. I further his of section 607,0401 or 617.0	401, F.S., Wattall feels
SIGNATURE: SIGNATURE AND TYPED OR PRI	NEO NAME OF SIGNING OFFICER OF		9-99 (954)	349-45 スし aylime Pt one #

NCJW WESTON SECTION

C/O JODI MANN 2461 GREENBRIER COURT WESTON, FLORIDA 33327

(954) 349-6526 (954) 385-9161 Fax

June 29, 1999

To whom it may concern:

I am requesting a waver of the reinstatement fee for our 1998 and 1999 Nonprofit Corporation Annual Report. I mailed the 1998 form with check number 425 on January 28, 1998. Recently, I found out our corporation was dissolved by you. I checked with the bank and check number 425 is still outstanding. I am sorry for any inconveniences this creates. I have enclosed an application for reinstatement along with check number 556 for \$122.50. This fee is for \$61.25 for 1998 and for 1999.

Thank you for your time and cooperation. Please contact me at the above address and phone numbers if there is any questions.

Sincerely,

Jodi Mann, Treasurer

Lodi Mann