

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000005185**

1. Corporation Name

WOMEN OF TOMORROW, INC.

Principal Place of Business

Mailing Address

C/O JENNIFER V VALOPPI
316 N MIAMI AVE
MIAMI FL 33128

C/O JENNIFER V VALOPPI
316 N MIAMI AVE
MIAMI FL 33128

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

09/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0862995

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VALOPPI, JENNIFER V	316 N MIAMI AVE	MIAMI FL 33128
D	BROWNE, DON	316 N MIAMI AVE	MIAMI FL 33128
D	RUNDLE, KATHERINE F	316 N MIAMI AVE	MIAMI FL 33128
REINSTATEMENT 99 1178			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, JONATHAN H
799 BRICKELL PLAZA STE 700
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000002039380-5

-11/09/99--01043--005

***245.00 State ***245.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/99

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 10/20/99 305-789-4147

CR25040 (8/95)