

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -5 PM 4: 53

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9800000 6025

1. Corporation Name  
Female Voices Early Intervention + Enhancement Program, Inc.

600030462936  
03/15/04--01030--006 \*\*192.50

2. Principal Office Address

P.O. Box 6534  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6534  
Suite, Apt. #, etc.

City & State

TAL, FL

City & State

Tallahassee, FL

Zip

32314

Country

U.S.

Zip

32314

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

1998

5. FEL Number

593538378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Lorraine McKinnie Agent of

Female Voices Early Intervention + Enhancement Program, Inc.

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

9202 Lake Bradford Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Lorraine McKinnie

REGISTERED AGENT MUST SIGN

Date 3/5/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	<u>Karya Vaughn</u>	<u>8472 Southern Park Drive</u>	<u>Tallahassee, FL 32305</u>
VP/Treasurer	<u>Mary Parver</u>	<u>8492 Southern Park Drive</u>	<u>Tallahassee, FL 32305</u>
VP	<u>Hessie Sanford</u>	<u>1401. Callen Street</u>	<u>Tallahassee, FL 32310</u>
Ex. Dir	<u>Lorraine McKinnie</u>	<u>8480 Southern Park Dr.</u>	<u>Tallahassee, FL 32305</u>

10. 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:

Lorraine McKinnie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04  
Date

212-0054  
Daytime Phone #

CR2E081 (01/04)

March 5, 2004

To Whom It May Concern:

Please assist with reinstating Female Voices Early Intervention and Enhancement Program, Inc and waiving the \$175 fee. The address on file with the Division of Corporations is incorrect. Due to construction at our church, Tabernacle M.B.C., for two years I have not received notices number 1 nor number 2 from the Division of Corporations regarding my renewal. It was not until today after being told by Consumer Services that I needed to contact Corporations. The correct mailing address is **P.O. Box 6534, Tallahassee, Florida 32314**. The temporary physical location for the church is 2202 Lake Bradford Road, Tallahassee, Florida 32307.

Attached is the ~~\$185.75~~ <sup>\$192.50 JEA</sup> fee to cover up to 2004 which is required of me. If additional information is requested, please contact me at 212-0054.

Sincerely,



Lorraine McKinnie  
Executive Director