

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744140

1. Corporation Name

WOMEN'S EXECUTIVE CLUB, INC.

Principal Place of Business

Mailing Address

~~ANN MEACHAM~~
~~10371 N.W. 39TH PLACE~~
~~CORAL SPRINGS FL 33065~~
~~US~~

~~ANN MEACHAM~~
~~10371 N.W. 39TH PLACE~~
~~CORAL SPRINGS FL 33065~~
~~US~~

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

PO Jacqueline Powell
Suite, Apt. #, etc.
2318 Sea Island Drive

Suite, Apt. #, etc.

City & State
FL. Lauderdale FL

City & State

Zip
33301 Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1978

5. FEI Number

59-1980608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MEACHAM, ANN	10371 N.W. 39TH AVENUE	CORAL SPRINGS FL 33065
PD	STANLEY, ROBERTA	200 E. LAS OLAS BLVD, SUITE 1800	FORT LAUDERDALE FL 33301
VPP	LAVEDCHIA, MARILYN	200 E. BROWARD BLVD, 2ND FLOOR	FORT LAUDERDALE FL 33301
VPRD	CHAPMAN, LINDA	4400 W. SAMPLE ROAD, SUITE 244	COCONUT CREEK FL 33073
VPFD	DURHAM, MARSHIA	1051 N.W. 76TH AVENUE	PLANTATION FL 33322
VPC	KOUTALIDIS, VANESSA	4711 A NORTH DIXIE HIGHWAY	FORT LAUDERDALE FL 33334

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BRUHAN, MARSHIA~~
~~1051 N.W. 76TH AVENUE~~
~~PLANTATION FL 33322~~

Name
JACQUELINE A. POWELL
Street Address (P.O. Box Number is Not Acceptable)
2318 Sea Island Drive
Suite, Apt. #, Etc.

City
FL. Lauderdale

State
FL

Zip Code
33301

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. or 617.0505, F.S.

Signature of
Registered Agent

Jacqueline Powell
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *12-6-02*

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:

Jacqueline Powell
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-760-5301

12-6-02

CFR2040 (8/02)