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x	PLICAT FOR STATE	ION	E READ A	FLORID	A DEPA Sandra I Secreta	RTMEN B. Mort ary of Si	IT OF STA ham tate		T	PLET	ING THIS FO			
DOCUMENT # 770675						IVISION OF CORPORATIONS				FILED 99 JAN -8 AM 10: 59				
1. Corporation Name GREATER MIAMI, FLORIDA, CHAPTER OF THE NATIONAL									SECRETARY OF STATE TALLAHASSEE, FLORIDA					
ASSOCIATION OF WOMEN BUSINESS Principal Place of Business Mailing Address										Ţ	TÄLLAHASSEF	E, FLUK	IDA .	
6 Miami Fl. 33	FIAMI FL 33133 CORAL GABL													
US If above addresses are incorrect in any way, line through Incorrect in 2. New Principal Office Address, If Applicable 3. New Malli						nformation and enter correction below.				4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt.										Do Busin Number		10/11	/1983 Applied For	
Zip Zip	City & State City & State Zip Country Zip					Country			6. CER					
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea										ctors)				
Title(s)	Name of Officers and/or Directors 2					Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)					4	City / State /	Zip	
Pirecho	Resecce Stanton- Reinstein (D)					13228 SW 100 ST. CIR. #36 20533 BISCAYNE BUJ 3					MIAMIFE 33180 Avent 1/4 FZ 33180			
VP chos	OUELETTE, DELANEA (Þ)					8001 GRAND CANAL DR.					MIAMI FL 33144			
SD ock						9271-8.W. 54-9T. 100 SEDD ST SI MIAMI FL 33					MIAMI FL 3313			
D	VAN BUSK	4999 S.W 74 COURT					MIAMI-FL							
TD	VALERIE K	444 BRICKELL AVE., STE 609					MAMER							
										-01/19/9901142024 . ******61.25 ******61.25 *				
	8. Name and Address of Current Registered Agent										ddress of New Regi	stered Ager	nt . ——	
	SANDRA HERNANDEZ ADAMS Street Address (P.									lumber l	s Not Acceptable)			
3300 RICE ST_00002246940_2 STE 66 -01/19/9901142025														
City City												State Zi	p Code	
10. I, being appointed the registered agent of the above named control tion, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN													1	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)														
12. 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 accurrate, and my signature shall have the same legal effect as if made under oath.														