

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K20322

1. Corporation Name

THE WOMAN'S PROGRAM, INC.

Principal Place of Business

Mailing Address

1751 CATTLEMEN RD.  
SARASOTA FL 34232

1751 CATTLEMEN RD.  
SARASOTA FL 34232

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1988

5. FEI Number

65-0041497

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MILBURN, MARY A.	2323 TEAL AVE	SARASOTA FL
			000004725490--9 -12/13/01--01082--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STINNETT, ANNE G.  
1800 SECOND ST  
SUITE 710  
SARASOTA FL 34236

Name

Mary A. Milburn

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

1751 Cattlemen Rd.

Suite, Apt. #, Etc.

City

SARASOTA

State

Zip Code

FL

34232

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

Mary A. Milburn

REGISTERED AGENT MUST SIGN

Date

11/29/01

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:

Mary A. Milburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/01

Daytime Phone #

941 377-8583

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -4 AM 10:05



REINSTATEMENT

CR2040 (8/01)