


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 16 PM 2:26

DOCUMENT # *NO1000000194*

1. Corporation Name  
*Women's Healthcare Executive  
Network of Broward County, Inc*

2. Principal Office Address  
*PO Box 81-3479*

3. Mailing Office Address  
*PO Box 81-3479*

City & State  
*Hollywood, FL*

City & State  
*Hollywood, FL*

Zip Country  
*33081 USA*

Zip Country  
*33081 USA*

900066883799  
03/01/06--01008--012 \*\*297.50

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida *01-04-01*

5. FEI Number  
*65-1119137*

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  
*Nancy Borkowski*

Street Address (P.O. Box Number is Not Acceptable)  
*16400 NW 37 Avenue*

Suite, Apt. #, Etc.

City  
*Miami Gardens*

**REINSTATEMENT**

State Zip Code  
**FL** *33054*

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 *Ny Borkowski* Date *2-9-06*

REGISTERED AGENT MUST SIGN

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
PD	<i>Nancy Borkowski</i>	<i>16400 NW 37 Ave</i>	<i>Miami Gardens FL 33054</i>
VD	<i>Barbara Ana Perez</i>	<i>1611 NW 12 Ave</i>	<i>Miami FL 33136</i>
TD	<i>Rence Stanford</i>	<i>1611 NW 12 Ave</i>	<i>Miami FL 33136</i>
SD	<i>Louise Petraitis</i>	<i>1531 W Palmetto Park Blvd</i>	<i>Boca Raton FL 33486</i>
D	<i>Byung Park</i>	<i>1611 NW 12 Ave</i>	<i>Miami, FL 33136</i>

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 contained in Chapter 119, 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.

*954-894-9405*

SIGNATURE: *Ny Borkowski* *Nancy Borkowski President* *2-9-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #