

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *NO10000001164*

1. Corporation Name

God's Woman Developmental Institute, Inc.

2. Principal Office Address

1107 N.W. 6 Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

U.S.A

3. Mailing Office Address

1107 N.W. 6 Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

U.S.A

REINSTATEMENT *02-03*

800022131328

08/07/03--01038--009 **306.25

4. Date Incorporated or Qualified
To Do Business in Florida

June 1997

5. FEI Number

81-0620480

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

Audrey R. Maxwell

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

9760 Palma Vista Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Audrey R. Maxwell

REGISTERED AGENT MUST SIGN

Date *7/7/03*

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
<i>D</i>	<i>Audrey R. Maxwell</i>	<i>9760 Palma Vista Way</i>	<i>Boca Raton FL 33428</i>
<i>D</i>	<i>Zhenee Thompson</i>	<i>4791 N.W. 14th Street</i>	<i>Lauderhill FL 33319</i>
<i>D</i>	<i>Tempest Curtis</i>	<i>540 N.W. 4th Ave #2409</i>	<i>Ft. Lauderdale FL 33311</i>
<i>D</i>	<i>LaCreshia Gregory</i>	<i>1633 N.W. 80th Ave #F2</i>	<i>Margate FL 33063</i>
<i>D</i>	<i>Yalonda Telfair</i>	<i>2760 SummerSet DR #5416</i>	<i>Ft. Lauderdale FL 33311</i>
<i>D</i>	<i>Bessie Mallory</i>	<i>2925 N.W. 5th Street</i>	<i>Ft. Lauderdale FL 33311</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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey R. Maxwell

Date

7/7/03

Daytime Phone #

954.779.2593

CR2E081 (10/02)