

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 12 AM 9:16

DOCUMENT # N01000006215

1. Corporation Name

SOUTH FLORIDA GENDER COALITION INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200008833462  
12/12/02--01071--007 \*\*52.50

Principal Place of Business

2018 NW 48TH AVE  
COCONUT CREEK FL 33063

Mailing Address

2018 NW 48TH AVE  
COCONUT CREEK FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/29/2001

5. FEI Number

EIN-30-0028414

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
Donald D	WITTMAN, DONALD	2018 NW 48TH AVE	COCONUT CREEK FL 33063
Gloria D	STEIN, GLORIA	3233 NW 34TH COURT	LAUDERDALE LAKES FL 33309
Yvette D	DUCHARME, YVETTE E	3233 NW 34TH COURT	LAUDERDALE LAKES FL 33309

200008833462  
11/06/02--01104--008 \*\*183.75  
12/12/02--01071--007 \*\*52.50

8. Name and Address of Current Registered Agent

WITTMAN, DONALD  
2018 NW 48TH AVE  
COCONUT CREEK FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

*Donald W. Wittman*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-31-02

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:

*Yvette Ducharne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 954-357-8229