

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008344**

1. Corporation Name

UNIVERSAL WOMEN'S FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS FL 32714

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS FL 32714

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

11/26/2001

5. FEI Number

59-3758036

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BELL, MABLE	904-C LAKE DESTINY ROAD	ALTAMONTE SPRINGS FL 32794
D	ALLEN, RITA	1111 AUDABON WAY	MAITLAND FL 32751
D	FILMORE, CYNTHIA	7230-B FOREST CITY ROAD	ORLANDO FL 32810
D	WILLIAMS, HELLEN	540 YEW COURT	ALTAMONTE SPRINGS FL 32714
D	COWELS, LINDA D <i>Joann Q. Hogan</i>	P.O. BOX 171, 2606 S. MYRTLE AVE <i>2125 Seaport Cir #111</i>	SANFORD FL 32772 <i>Winter Park Fl. 32792</i>
D	DIX, JACQUELENE	300 GREENEND STREET	ORLANDO FL 32810

8. Name and Address of Current Registered Agent

BELL, MABLE
904-C LAKE DESTINY ROAD
ALTAMONTE SPRINGS FL 32794

9. Name and Address of New Registered Agent

Name

MABLE BELL

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

120 Lakewind Trail

Suite, Apt. #, Etc.

000029936179

City

Maitland

State

FL

Zip Code

32751

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

Mable Bell

REGISTERED AGENT MUST SIGN

Date

2/26/04

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:

Mable Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/04

Daytime Phone #

CR2040 (7/03)