

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Prominent Women of Color DOC#N01000008363

2. Principal Office Address
3158 Rayford Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

U.S.

3. Mailing Office Address
3158 Rayford Street

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/29/2001

5. FEI Number

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

Tameako Woody

900047407849

02/28/05--01081--001 **428.75

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

3158 Rayford Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

Tameako Woody

Date

2/28/05

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
P/T/D	TAMEAKO WOODY	3158 RAYFORD STREET	JACKSONVILLE, FL 32205
VP/D	MELINDA MERCER	3339 GREEN STREET	JACKSONVILLE, FL 32205
S/D	TOMEKIA MERCER	3339 GREEN STREET	JACKSONVILLE, FL 32205
D	LATOYA MERCER	6355 MORSE AVENUE APT# 1805	JACKSONVILLE, FL 32244
D	CANDACE ROBERTS	265 WATTS STREET	JACKSONVILLE, FL 32204
D	LESHUN TOOMER	6355 MORSE AVENUE APT #1505	JACKSONVILLE, FL 32244

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:

Tameako Woody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/2005

Daytime Phone #

0043849459

CR2E081 (07/05)