

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 28 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N020000000661

1. Corporation Name

WOMEN ARTISTS RISING, INC.

600152915496
04/28/09--01006--002 * 875

600152915496
04/28/09--01006--001 **183.75

2. Principal Office Address - No P.O. Box #

200 LESLIE DR.

Suite, Apt. #, etc.

#1011

City & State

HALLANDALE, FL

Zip

33009

Country

US

3. Mailing Office Address

200 LESLIE DR.

Suite, Apt. #, etc.

#1011

City & State

HALLANDALE, FL

Zip

33009

Country

US

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/2002

5. FEI Number

010582084

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

KIM DOLCIMASCOLO

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

200 LESLIE DR.

Suite, Apt. #, Etc.

#1011

City

HALLANDALE

State

FL

Zip Code

33009

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/22/09

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
PRES	KIM D DOLCIMASCOLO	200 LESLIE DR #1011 HALLANDALE, FL 33009	HALLANDALE, FL 33009
VP	CAROLINA AMBROSIO	200 LESLIE DR #1011 HALLANDALE, FL 33009	HALLANDALE, FL 33009
S	MIRELA MENCHACA	14956 AMBERJACK TER	LAKWOOD RANCH, FL 34202

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM DOLCIMASCOLO

Date

4/22/09 813 416 5718

Daytime Phone #

204/30