

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

03 OCT 27 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002686**

1. Corporation Name

WOMEN TO WOMEN HEART TO HEART MAKE THE CONNECTION MINISTRIES, INC

Principal Place of Business

5501 NW 7TH STREET APT-E404
MIAMI FL 33126

Mailing Address

5501 NW 7TH STREET APT-E404
MIAMI FL 33126

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

04/05/2002

5. FEI Number

41-2047510

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
D	Ms. Missy Monokian	9393 Sunset Drive	Miami, FL 33173
D	Mr. Carl Richardson	5911 W. Flagler St.	Miami, FL
D	Ms. Bessie Garrett	1130 100 St. #1	Bay Harbor Island, FL
P	Ms. Josie Merlet	5501 NW 7th St E404	Miami, FL 33126

8. Name and Address of Current Registered Agent

MERLET, JOSIE
5501 NW 7TH STREET APT-E404
MIAMI FL 33126

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

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

Josiane C. Merlet
REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

Josiane C. Merlet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

305-377-8817
Daytime Phone #

CR20040 (7/03)

October 22, 2003

Josiane C. Merlet
5501 NW 7th St. #E404
Miami, FL 33126

Division of Corporations
Annual Report/Reinstatement Section
POB 6327
Tallahassee, FL 32314-6327

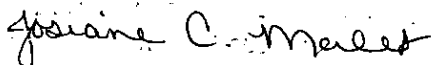
Dear Ms. Hood:

I received notice that my incorporation was dissolved. When I called to inquire as to why, I found out my original paperwork was returned to me to be completed properly. It was sent to the wrong address, so I could not correct the problem.

I have filled out the application for reinstatement and am requesting the fee be waived.

Thank you in advance for taking care of this matter. I appreciate all your help.

Sincerely,

A handwritten signature in cursive script that reads "Josiane C. Merlet".

Josiane C. Merlet