

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 7-12-02

5. FEI Number 50-0004343	Applied For
	Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required for a Certificate of Status**

☒ 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.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N02000005298*

1. Corporation Name  
Lubbock Women Win, Inc.  
P.O. Box 554  
Lubbock TX 79402

2. Principal Office Address: No P.O. Box # 411 Georgia P.O. Box 554  
Suite, Apt. #, etc. \_\_\_\_\_ Suite, Apt. #, etc. \_\_\_\_\_

City & State Tallahassee Florida	City & State Tallahassee Florida
Zip 32305	Zip 32362
Country US	Country US

**7. Name and Address of Current Registered Agent**

Name Tawana Maxwell  
Street Address (P.O. Box Number is Not Acceptable) 411 Georgetown Drive  
Suite, Apt. #, Etc. \_\_\_\_\_

TOURNOISEL	State <b>FL</b>	Zip Code <b>32305</b>
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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 \_\_\_\_\_ 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
Pres.	Tawanna Maxwell	411 Georgetown Drive	Tallahassee FL 32305
Vice Pres.	Nathaniel Maxwell, Jr.	411 Georgetown Drive	Tallahassee FL 32305
Secretary	Tame Fleming	2200 Pembroke Pines	Tallahassee FL 32308
			300096175463 04/09/07--01010--003 **242.50

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.

IS true and accurate, and my signature shall have the same legal effect as if made under oath.  Tawana Maxwell May 4, 2007 850-253-5552		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date		
Daytime Phone #		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #