

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 NOV 24 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006305**

1. Corporation Name

GENESIS WOMEN MINISTRY, INC.

Principal Place of Business

Mailing Address

5201 NORTHWEST 21ST COURT
LAUDERHILL FL 33313-5528

P.O. BOX 1472
FORT LAUDERDALE FL 33302

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~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1198744

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	WALKER, PATRICIA L	5202 NORTHWEST 21ST COURT., APT	LAUDERHILL FL 33313
VP	SMITH, ANGELA	17300 NORTHWEST 68TH AVENUE	MIAMI FL 33015
S	BROOKS, OLLIE MAE	5090 NORTHWEST 39TH STREET	LAUDERDALE LAKES FL 33319
VP	Malicia Jackson	260 SW 29th Ave	Fort Lauderdale, FL 33312
			600024949576 11/24/03--01020--008 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, PATRICIA L
5202 NORTHWEST 21ST COURT., APT 1
LAUDERHILL FL 33313

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

Patricia L. Walker

Date 11/12/03

REGISTERED AGENT MUST SIGN

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:

Patricia L. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/03

CR2E040 (7/03)