PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT) s	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FN 28 // 10:46			
DOCUMENT # N03000010717 1. Corporation Name											
The Elite Women Of Zion Community Development, Inc.								05.	400074462024 05/12/0601006021 **192.50		
2. Principal Office Address 8346 Sunny Acres Ln. POE					Office Address 10172				CR2E081 (12/05)		
Suite, Apt. #, etc.					Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Fiorida Dec. 12, 2003			
Pensacola, FL				Pensa	Pensacola, FL			5. FEI Numb	per √ Ap	oplied For	
[™] 3251	514 ÜŚ			^z ₃ 2524	4	ŰŚ	ŰŠ •		TE OF STATUS DESIRED S8.75 Additional for a Certifical	l Fee required	
				7.)	Name and Ad	ddress of Curre	ınt Registen	ed Agent	1 5 13 De		
.•	Dori	Doris Y Young							4/7 5/1		
		8346 Sunny Acres Ln.							rolling	1	
~		Suite, Apt. #, Etc.								1	
	Pens	acc	ola, FL						State 32514	1	
8. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S.											
Signature o Registered		ter	is 4.	Mouni		Date <u>4-19-06</u>					
A Names	Ctroot A	4-1-1-1-1-1-1	-1 t Officer of		COMP DODDE		· "~ et lo	· · · · · · · · · · · · · · · · · · ·			
Titles	anu oueur.	and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors				Street Address of Each			City / State / Zip		
Р	Doris	Doris Y Young			8346	8346 Sunny Acres Ln.			Pensacola, FL 32	2514	
· V	 	Carolyn Bragg				9833 Hollowbrook Dr.			Pensacola, FL 32		
Т	 	Katherine Grace-Collins				2770 W. Jackson St.			Pensacola, FL 32		
S	 	Juanita Young				8346 Sunny Acres Ln.			Pensacola, FL 32		
D	<u> </u>	Carla Young				3332 Two Sisters Way				Pensacola, FL 32505	
D	Ruth '	Ruth Williams				8342 Sunny Acres Ln.			Pensacola, FL 32		
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 filling 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 OF PRINTED PAME OF SIGNES OFFICER OR DIRECTOR Date D											
	-	THE ! OUT	AND THE USE FOR	THIED THE OF A	Sicings or re	CER ON DIRECTO	JR .		Date Daytime Phone #		