


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 28 PM 12:46

DOCUMENT # N03452

1. Corporation Name

AMERICAN WOMAN'S SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O JILL F. ANDRON  
10205 CARACAS STREET  
COOPER CITY FL 33026

C/O JILL F. ANDRON  
10205 CARACAS STREET  
COOPER CITY FL 33026



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/05/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2468087

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PD</del>	<del>WEINER, LAURA</del> Farinas, Lourdes	<del>2801 E OAK PK BLVD, #502</del> 4517 West 15 Avenue	FT LAUDERDALE FL 33306 Hialeah, FL 33012
VD T/D	WEINER, SANDRA	2455 E. SUNRISE BLVD. STE 1105 440 NW 95 Avenue	FT. LAUDERDALE FL 33169 Plantation, FL 33324
<del>PD</del> VD	<del>ARMY, GORIN</del> Crane, Lisa	<del>2510 VISTA ISLE DR. #1223</del> 700 SE 3rd Avenue 3rd FL	SUNRISE FL 33325 Ft. Lauderdale, FL 33316
JD S/D	FARINAS, LOURDES Pigatt, Valerie	4515 W 15 AVE 1 SE 3rd Avenue 10th FL	HALEAH FL 33012 Miami, FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDRON, JILL F  
10205 CARACAS STREET  
COOPER CITY FL 33026

Name

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

400004717264--4

Suite, Apt. #, Etc.

-12/10/01--01102--017

City

State

Zip Code

FL

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.

Signature of Registered Agent

*Jill F. Andron*  
REGISTERED AGENT MUST SIGN

Date

11/26/01

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:

*Sandra Weiner* Sandra Weiner

11/3/01

Date

305-373-0123

Daytime Phone #

CR2E040 (8/01)