

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 29 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND4000002636**

1. Corporation Name

MOMSWEB, Inc.

2. Principal Office Address

2420 Cavalla Loop
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 37735
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

US.

Zip

32526

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 2003

5. FEI Number

EW # 68-0545505

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

lavender Williams

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

2420 Cavalla Loop

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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**

L Williams

REGISTERED AGENT MUST SIGN

Date 23 Dec 05

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
Vice Chair	Yvonne Scott	7771 Northponte	Pensacola FL 32514
Pres.	lavender S. Williams	2420 Cavalla Loop	Pensacola FL 32526
M	Alicia Hobdy	1085 Freeboard	Pensacola FL 32507
M			

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 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:

L Williams

lavender S. Williams

Dec 23, 05

850.944.8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #