2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011840

Address:

City-St-Zip:

8625 SOUTHAMPTON DRIVE

MIRARAM, FL 33025 US

FILED Sep 14, 2009 Secretary of State

Entity Nam	ne: WOMEN IN MUSIC - AYO INC			
Current Pr	incipal Place of Business:	New Principal Place	e of Business:	
8625 SOUT MIRAMAR,	HAMPTON DRIVE FL 33025 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
8625 SOUT MIRAMAR,	HAMPTON DRIVE FL 33025 US			
FEI Number: In accordanc	11-3737063 FEI Number Applied F e with s. 607.193(2)(b), F.S., the corpora		Certificate of Status Desired ()	
Name and	Address of Current Registered A	Agent: Name and Address	of New Registered Agent:	
MURDOCK, ROBERT 150 NE 192ND STREET MIAMI, FL 33179 US		8625 SOÚTHAMPTO	BROOKS, S. ETTOSI 8625 SOUTHAMPTON DRIVE MIRAMAR, FL 33025 US	
The above in the State		t for the purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: S. ETTOSI BROOKS			09/14/2009	
	Electronic Signature of Regis	tered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BROOKS, S. ETTOSI MISS 8625 SOUTHAMPTON DRIVE MIRAMAR, FL 33025 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DIR () Delete OGARRO, DAYNIA MISS 741 SW 6TH STREET HALLANDALE, FL 33008 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (X) Delete MURDOCK, ROBERT 150 NE 192ND STREET MIAMI, FL 33179 US	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	DIR () Delete BROOKS, CEDRIC	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: S. ETTOSI BROOKS P 09/14/2009