PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY -4 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15378

REINSTATEMENT 00-01

1. Corporation Name
Community Coalition for Women's History Inc

2. Principal Office Address
9001 SW 56 Ct

Suite, Apt. #, etc.

City & State
Coral Gables-Fl

Zip 33156 Country USA

3. Mailing Office Address
P.O. Box 565307

Suite, Apt. #, etc.

City & State
MIAMI-Fl

Zip 33256 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06-10-1986

5. FEI Number 59-2710059 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 Roslyn K. Berrin

Street Address (P.O. Box Number is Not Acceptable) 9001 SW 56 Ct

Suite, Apt. #, Etc.

City Coral Gables State FL Zip Code 33156

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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 Roslyn K Berrin
REGISTERED AGENT MUST SIGN

Date 4-25-2001

CR2E061 (9/00)

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
P/D	Roslyn K Berrin	9001 SW 56 Ct	Coral Gables-Fl 33156
VP/D	Maud P. Newbold	1070 NW 39 Street	Miami-Fl 33127
S/D	Kaynor, Elizabeth H.	4116 Douglas Rd.	Coconut Grove-Fl 33133
T/D	Ruth F Braddock	7801 SW 134 St	Miami-Fl 33176
		& PAYNE	MAY 14 2001

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: Roslyn K Berrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/25/2001 Daytime Phone # 305-666-3733