

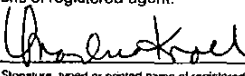
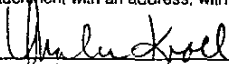


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N22094</b> 1. Entity Name <b>FORT MYERS WOMEN'S NETWORK, INC.</b>				FILED 06 APR 26 PM 12:04 400074506754 05/12/06--01007--002 **122.50 	
Principal Place of Business P O BOX 62215 FT MYERS, FL 33906		Mailing Address P O BOX 62215 FT MYERS, FL 33906			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 07111</b> Suite, Apt. #, etc.		04142006 REIN-NP CR2E099 (11/05)	
City & State Zip		City & State <b>FT MYERS, FL</b> Zip <b>33919</b>		4. FEI Number <b>59-2844137</b> Applied For Not Applicable	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LITHERLAND, SANDRA</b> <b>7025 NEWPOST</b> <b>#5</b> <b>NORTH FORT MYERS, FL 33917</b>			7. Name and Address of New Registered Agent Name <b>KNOLL Marlene</b> Street Address (P.O. Box Number is Not Acceptable) <b>1117 SW 10th place</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33991</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>MARLENE KNOLL D.P.</b> <b>4-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>LITHERLAND, SANDRA</b> <b>7025 NEW POST, #5</b> <b>NORTH FORT MYERS, FL 33917</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T. <b>IZZIE, JOAN</b> <b>925 SW 13th Street</b> <b>CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>BELCHER, PAM</b> <b>6180 WINKLER RD.</b> <b>FORT MYERS, FL 33919</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. <b>Whittington, Holly</b> <b>15560 Royal Coach Circle</b> <b>North Fort Myers, FL 33917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TORREGROSSA, SHARON</b> <b>11215 METRO PKWY</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. <b>KNOLL, MARLENE</b> <b>1117 SW 10th place</b> <b>CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>STEPHENS, JANIE</b> <b>7125 LAKEBRIDGE CT. STE 118</b> <b>FORT MYERS, FL 33907</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. <b>waldon, Leneva</b> <b>8511 Manderston Court</b> <b>Fort Myers, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <b>MARLENE KNOLL</b> <b>4-20-06</b> <b>239-848-5024</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					