

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43059

1. Corporation Name

**NATIONAL COALITION OF 100 BLACK WOMEN, INC. BRO
WARD COUNTY CHAPTER**

Principal Place of Business

Mailing Address

3000 NW 24TH STREET
FT LAUDERDALE FL 33311
US

3000 NW 24TH ST
FT LAUDERDALE FL 33311
US

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

2. New Principal Office Address, if Applicable

8939 NW 44th Court

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

8939 NW 44th Court

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1991

5. FEI Number

65-0394630

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DR. ELOISE MCCOY CAIN	1801 NE 33RD TERRACE	FT. LAUDERDALE FL
D	Earlene Striggles Horne	8939 NW 44th Court	Sunrise, FL 33351
D	CAROL CONNOR	2431 SW 87 AVENUE	MIRAMAR FL
D	Naomi Benton-Brown	7311 NW 43rd Court	Lauderhill, FL 33319
D	SMITH, EVELYN	121 NW 33RD TERR	FT LAUDERDALE FL
D	SMITH, BRENDA ALLEN	3000 NW 24TH ST	FT. LAUDERDALE FL
D	FREEMAN, GAIL	3631 N.W. 7TH PLACE	FT. LAUDERDALE FL
D	DALE, BETTIE JACKSON	2315 N.W. 36TH TERRACE	LAUDERDALE LAKES FL 33311

8. Name and Address of Current Registered Agent

SMITH-ALLEN, BRENDA
3000 NW 24TH ST
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name Earlene Striggles Horne

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

8939 NW 44th Court

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip

33351

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

Earlene Striggles Horne
REGISTERED AGENT MUST SIGN

300002710418-0

Date 12/11/98-01088-029

*****8.75 *****8.75

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Bettie Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98 (954) 485-4461
Date Daytime Phone #

APPROVED
AND
FILED

98 DEC -7 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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