

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 JAN -3 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N51384**

1. Corporation Name

**WOMEN OF KOLOR, INC.**

Principal Place of Business

98 NORTHWEST 98TH STREET  
MIAMI FL 33150

Mailing Address

98 NORTHWEST 98TH STREET  
MIAMI FL 33150

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 1999**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1992

5. FEI Number

**NOT APPLICABLE**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COLLIER, WANDA	98 N.W. 98TH STREET	MIAMI FL 33150
TD	MUCKLE, SHEILA	7882 N.W. 192 STREET	MIAMI FL 33015
SD	JAMISON, JANICE	1321 N.W. 175 STREET	MIAMI FL 33169
			330003103403-3 -01/19/00--01079--028 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

COLLIER, WANDA  
98 NORTHWEST 98TH STREET  
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Wanda Collier* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/27/99

11. 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)(l), 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:

*Sheila Muckle* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/99 305 829-6012

Daytime Phone #

CR2ED40 (8/99)