2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002275

Nov 08, 2004 Secretary of State

FILED

Entity Name: FLORIDA NATIONAL ORGANIZATION FOR WOMEN, INC.

Current Principal Place of Business: New Principal Place of Business: 21105 SE 144TH LANE UMATILLA, FL 32784 US **Current Mailing Address: New Mailing Address:** 21105 SE 144TH LANE UMATILLA, FL 32784 US FEI Number: 59-1830184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLUTIAK, DONNA 21105 SE 144TH LANE UMATILLA, FL 32784 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MIKLOWITZ, LINDA Name: Name: Address: 2542 ARTHUR'S COURT Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROWNE, KIMBERLY Name: Address: 3002 NW 51ST ST. DRIVE Address: City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip: Title: MD () Delete Title: () Change () Addition ANDRE, NATALIE Name: Name: 198 SW 13TH AVE Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: LD () Delete Title: () Change () Addition Name: KELLY, KATHERINE Name: 160 ROYAL PALM WAY Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition WALL, HELEN Name: Name: 6066 113TH AVE N Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: () Delete Title: () Change () Addition SLUTIAK, DONNA Name: Name: Address: 21105 SE 144TH LANE Address: UMATILLA, FL 32784 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: DONNA M SLUTIAK T 11/08/2004